PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 SEP 21 PM 2:12
TALLAHASSEE, FLORIDA

DOCUMENT # L08000011457

1. Corporation Name
Wekiva Falls Resort and RV Park, LLC

400185720534
09/21/10--01029--010 **750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2200 Flowing Springs Road	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chester Springs, PA	City & State
Zip: 19425 Country: Chester	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/31/08

5. FEI Number: 26-1889758 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: John Merritt

Street Address (P.O. Box Number is Not Acceptable): 1500 East Orange Avenue

Suite, Apt. #, Etc.

City: Eustis State: FL Zip Code: 32726

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: John Merritt Date: 9/17/10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR (P)	Gary Ott	3110 Horsehoe Trail	Glenmoore, PA 19343
MGR (T)	Ryan Todd	2200 Flowing Springs Rd	Chester Springs, PA 19425
	REINSTATEMENT -10		

10. E-mail Address: ryantodd@toddandtodd.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 9/17/10 610-827-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C.S. 538.75