

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 MAR 20 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M30499

1. Corporation Name  
RESORT MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address  
3208 Hill Street  
New Smyrna Beach, FL 32169  
SAME

200002467092-7  
-03/24/98--01097--015  
\*\*\*\*900.00 \*\*\*\*300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2689878	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	STEVEN P. KOSMAS	3208 Hill Street	New Smyrna Beach, FL 32169
V	ANGELA G. BARKER	3208 Hill Street	New Smyrna Beach, FL 32169
V	LINDA M. O'NEILL	3208 Hill Street	New Smyrna Beach, FL 32169

REINSTATEMENT

97-98  
10/31/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Linda M. O'Neill	
Street Address (P.O. Box Number is Not Acceptable) 3208 Hill Street	
Suite, Apt. #, Etc. New Smyrna Beach	
City New Smyrna Beach	State FL
	Zip Code 32169

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
Linda M. O'Neill  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Linda M. O'Neill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 428-1874

CR2E040 (1/98)