

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M93928**

1. Corporation Name
LTI Resort, Inc.

Principal Place of Business Mailing Address
7100 Lake Ellender Drive
Orlando, Florida 32809

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

2. New Principal Office Address, if Applicable
P.O. Box 593869

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip 32859

Country USA

3. New Mailing Office Address, if Applicable
(same as no. 2)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified
To Do Business in Florida 8/11/88

5. FEI Number
59-2903261

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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
Dir. & Pres.	Stephen R. Smith	33 Heathfield	Royston Heats SG85 BN ENGLAND
V.P. & Secy.	Robert W. Schafer, Jr.	3907 Quando Drive	Orlando, Florida 32812

100002692731-8
-11/20/98--01060--002
****900 00 ****900 00

JD
11-18-98

8. Name and Address of Current Registered Agent

Robert W. Schafer, Jr.
3907 Quando Drive
Orlando, Florida 32812

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Robert W. Schafer, Jr.
Robert W. Schafer, Jr. REGISTERED AGENT MUST SIGN

Date 11/1/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: Stephen R. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen R. Smith, Director and President

11/1/98 011-44-171-438-2579
Date Daytime Phone #

CR2000 (12/98)