PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMEN	(2 E E S (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Secretar	TMENT OF STATE y of State corporations			A!) 10: 36
DOCUMENT # NO 400000 4789				SECRETA TALLAHASCHE, FLORIDA		
1. Corporation Name Winter Park Boot Parade, Inc.				300065192409 02/06/0601013004 **297.50		
2. Principal Office Address	າ <u>ເ</u>	3. Mailing Office Addre	ু . ব . ক		i o spasse a per	150 a - 47
Suite, Apt. #, etc.		Suite, Apt. #, etc.		KEIKSTATEWENT 05-06		
کینلر کے		Svite B		4. Date Incorporated or Qualified To Do Business in Florida 5-13-04		
Orlando, Florida		Oclando, Florida		5. FEI Number Applied For Not Applicable		
32803 Co	US	^{Zip} ろ ユ 8o3	Country C	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. City City State FL 32803 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 Registered Agent MUST SIGN Date 14/30/05						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least						
Titles O	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State	/ Zip
CHR Janes	c Janet Horueth-Kiro		255 S. Orange Aw was		Orlando, Fl	32801
ST Dois	T Doi MAdison		301 E. Pine Street Ste 875		Orlando, Fl	32801
P. Robert	Robert C. Hartnett		2121 Genden Road Ste B		Oclardo, F1 32803	
10. 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 (1) 3 / 30 / 05 Y07-896-0035 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						