PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 OCT 16 PM 3: 54 DOCUMENT # N 05002 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BIG "O" RV PARK ASSOCIATION, INC. Principal Place of Business Mailing Address If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified 7950 SW Hwy . 78 Suite, Apt. #, etc. Post Office Box 5489 Suite, Apt. #, etc. To Do Business in Florida 9/6/84 5. FEI Number Applied For City & State City & State 65-0440093 Not Applicable Okeechobee, Salt Springs, FL \$8.75 Additional Fee required for a Certificate of Status Country Country Zip 32134 CERTIFICATE OF STATUS DESIRED 🕱 3**4**974 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) 25250 E. Hwy. 316 VΡ Salt Springs, FL 32134 Treas Robert R. Bouse Pres 777 HARBOR IS. BLUD TAMPA FL. 33602 D Mark Johns**e**n Sec Ð ⊋≎ 7950 SW Hwy. 78 Okeechobee, FL 34974 Mike Waggoner 300002666843--1 -10/19/98--01073--001 \*\*\*\*306.25 \*\*\*\*306.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Robert R. Bouse Street Address (P.O. Box Number is Not Acceptable) 25250 E. Hwy. 316 Suite, Apt. #, Etc. City State | Zip Code 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 Date 10/09/98 BOUSE GISTERED AGENT MUST SIGN ROBERT R. 11. This corporation owes or has paid the current year (See other side for information Yes 🏻 No 🗵 Intangible Personal Property tax due June 30. 12.71 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: ROBERT R. BOUSE 10/09/98 (352)685-1900

ROBERT R. BOUSE, Vice President/Director