PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 26 AM 11:05

DOCUMENT # P00000098773

1. Corporation Name
All Season Skiing, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
14138 80th Ave.N.	14138 80th Ave.N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole, Florida	City & State: Seminole, Florida
Zip: 33776 Country:	Zip: 33776 Country:

4. Date Incorporated or Qualified To Do Business in Florida: August 27, 1999

5. FEI Number: 59-367996 ☐ 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

400021154974
06/26/03--01022--010 **30.00
400021154974
06/26/03--01022--011 **30.00
400021154974
06/26/03--01022--012 **30.00

Name: William Brickey

Street Address (P.O. Box Number is Not Acceptable): 14138 80th Ave. N.

Suite, Apt. #, Etc.:

City: Seminole State: FL Zip Code: 33776

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: William Brickey
REGISTERED AGENT MUST SIGN

Date: June 23, 2003

CR2E061 (10/02)

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
Owner	William Brickey	14138 80th Ave. N.	Seminole, Fl 33776

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: William Brickey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 06/23/03

Daytime Phone #: 727-392-8789

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