

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000103925**

1. Corporation Name

EXECUTIVE ADVENTURES, INC.

Principal Place of Business

**400 CLEVELAND STREET, 8TH FLOOR
CLEARWATER FL 33755**

Mailing Address

**400 CLEVELAND STREET, 8TH FLOOR
CLEARWATER FL 33755**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2000

5. FEI Number

59-3677165

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPD	KING, CHRISTOPHER	136 DEVON DRIVE	CLEARWATER FL 33767
DT	O'BRIEN, HOLLY	136 DEVON DRIVE	CLEARWATER FL 33767
SD	MARTINS, DWAYNE	5127 104TH STREET NORTH	SAINT PETERSBURG FL 33708

500023830295
10/15/03--01075--025 **750.00

REINSTATEMENT

TS

8. Name and Address of Current Registered Agent

**KING, CHRISTOPHER
400 CLEVELAND STREET 7TH FLOOR
CLEARWATER FL 33755**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/3/03

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

727.669.6972

Daytime Phone #

CR2040 (7/03)