

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000021098

1. Corporation Name

Resort Spa Management, Inc

2. Principal Office Address

400 Celebration Place

Suite, Apt. #, etc.

City & State

Celebration, FL

Zip

34747

Country

Osceola

3. Mailing Office Address

P.O. Box 470937

Suite, Apt. #, etc.

City & State

Celebration, FL

Zip

34747

Country

Osceola

REINSTATEMENT

02

100009769841

12/31/02--01064--001 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

February 26, 2001

5. FEI Number

59-3715427

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

Name

John Moore

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

3016 Parkway Blvd.

Suite, Apt. #, Etc.

#109

City

Kissimmee

State
FL

Zip Code

34747

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 December 6, 2002

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
P/ D	John Moore	3016 Parkway Blvd.	Kissimmee, FL 34746
S/T/D/V	Shannon Burson	400 Celebration Place	Celebration, FL 34747

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:

John Moore

12/6/02

407-460-1827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/01)

2/13