

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 AUG 19 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9010000029602

1. Corporation Name

Attractions Concessions, Inc

2. Principal Office Address - No P.O. Box #

9067 International Dr. SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL 32819

City & State

Zip

32819

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/2001

5. FEI Number

593710257

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

WtWw, Inc.

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

390 N. Orange Avenue

Suite, Apt. #, Etc.

Suite 1500

City

Orlando

State

FL

Zip Code

32801

000250866610
08/19/13--01044--024 **\$635.00

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

Robin Turner, as VP of WtWw, Inc.

Date 8/14/13

REGISTERED AGENT MUST SIGN

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
D	Robin Turner	20 N. Orange Ave, Ste 804	Orlando, FL 32801

10. E-mail Address: Rmulligan@wonderworksonline.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robin Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/13

3216334028

Date

Daytime Phone #