

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 02 DEC -6 AM 9:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PO1000111920</u>					
1. Corporation Name <u>AMERICAN RECREATION OF FLORIDA INC</u>					
2. Principal Office Address <u>13400 Sutton Park #1104</u> Suite, Apt. #, etc. <u>#1104</u> City & State <u>Sak, Florida</u> Zip <u>32224</u> Country <u>DUAL</u>		3. Mailing Office Address <u>Sak</u> Suite, Apt. #, etc. City & State Zip <u>32224</u> Country		REINSTATEMENT 02 <u>12-6-02 01014 - 004⁶750⁶³</u> 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number ☒ 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 <u>HENNIE DOBER</u> Street Address (P.O. Box Number/s Not Acceptable) <u>13400 Sutton Park Drive South #1104</u> Suite, Apt. #, Etc. <u>#1104</u> City <u>Sak</u> State <u>FL</u> Zip Code <u>32224</u>					
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 <u>[Signature]</u> Date <u>1-17-03</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Please nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
<u>P</u>	<u>Hennie Dober</u>	<u>13400 Sutton Parks #1104</u>	<u>Sak, FL 32224</u>		
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)(f), 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: <u>[Signature]</u> Date <u>1-17-03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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