

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 21 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112307

1. Corporation Name

FAMILY RV CENTER, INC.

2. Principal Office Address

100 N.E. 6TH AVENUE

3. Mailing Office Address

PO BOX 504437

Suite, Apt. #, etc.

SUITE #722

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

MARATHON, FL

Zip

33030

Country

USA

Zip

33050

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 11/27/2001

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

PAUL WITHERSPOON II

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

100 N.E. 6TH AVENUE

Suite, Apt. #, Etc.

SUITE #722

City

HOMESTEAD

State

FL

Zip Code

33030

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

Paul Witherspoon II
REGISTERED AGENT MUST SIGN

Date 08-31-04

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	WITHERSPOON, PAUL II	100 N.E. 6TH AVENUE #722	HOMESTEAD, FL 33030

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:

Paul Witherspoon II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-31-04

Date

Daytime Phone

CR2E081 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

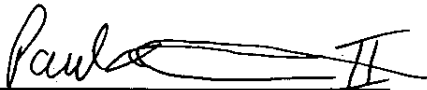
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2002, 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read "Paul II", with a stylized flourish extending to the right.

PAUL II WITHERSPOON
PRESIDENT