

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 MAR 15 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112726

1. Corporation Name

Daytona Resort Group Inc.

W12 — 11302

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

219 South Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Zip

32118

Country

USA

Zip

Country

**REINSTATEMENT** 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/2001

5. FEI Number

593757521

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

Carol Collett

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

219 S. Atlantic Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

700222961837  
03/15/12--01030--008 \*\*300.00

700222961837  
02/24/12--01042--011 \*\*750.00

MAR 15 2012

S. TONER

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

*Carol Collett*  
REGISTERED AGENT MUST SIGN

Date

2/21/12

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
GM	Carol Collett	219 S. Atlantic Avenue	Daytona Beach, FL 32118

10. E-mail Address: muffyork@aol.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:

*Carol Collett* / Carol Collett

2/21/2012

(386) 252-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #