

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 11 AM 11:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P02000062974*

1. Corporation Name

Backyard Adventures of Central Florida, INC.

2466 West State Road 426

2466 West State Road 426

2. Principal Office Address

2466 West State Road 426

3. Mailing Office Address

2466 West State Road 426

Suite, Apt. #, etc.

STE.1010

Suite, Apt. #, etc.

STE.1010

City & State

Oviedo, Florida

City & State

Oviedo, Florida

Zip

32765

Country

United States

Zip

32765

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 5, 2002

5. FEI Number

04-3680809

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

Wade F. Johnson, JR.

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

2901 Curry Ford RD.,

Suite, Apt. #, Etc.

Suite 212

City

Orlando

State
FL

Zip Code
32806

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

Wade F. Johnson, Jr.

REGISTERED AGENT MUST SIGN

Date

6/3/04

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
D/P	Shawn Walker	1620 Delaney Ave.	Orlando, Florida 32806

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:

Shawn Walker Shawn Walker

6/03/2004

(407) 359-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)