1 of 2

05/25/2004 13:23 CCRS → 2050384 NO.462 D03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM H04000112655 3

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 25 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077771

1 Corporation Name

EVENTS, ADVENTURES 'N MORE, INC.

Principal Place of Business	Mailing Address
9592 LAGO DRIVE BOYNTON BEACH FL 33437	9592 LAGO DRIVE BOYNTON BEACH FL 33437

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03-04 MRS

2 New Principal Office Address, If Applicable: 1500 W. Cypress Creek Rd
Suite, Apt. #, etc.: 421
City & State: Ft. Lauderdale FL
Zip: 33309 Country: U S

3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/17/2002

5. FEI Number: 42-1545696 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GARDNER, RANDY	9592 LAGO DR	BOYNTON BEACH FL 33437
T	John Beaver	14545 - J Militarytr.	Delray. F 133484

8. Name and Address of Current Registered Agent

PERLSTEIN, MITCHELL
4800 N. FEDERAL HWY
SUITE 307-B
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name: RANDY GARDNER
Street Address (P.O. Box Number is Not Acceptable): 9592 Lago Dr
Suite, Apt. #, etc.:
City: Boynton Beach State: FL Zip Code: 33437

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Randy Gardner Date: 5-25-04
REGISTERED AGENT MUST SIGN

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., 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: Randy Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H04000112655 3 (Daytime Phone #)

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

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From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

01226.26534

CORPORATION REINSTATEMENT

EVENTS, ADVENTURES 'N MORE, INC.

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