

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 10 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000090807

1. Corporation Name

Adventure Marketing Concepts, Inc.

REINSTATEMENT

400024572794

11/10/03--01100--006 **150.00

2. Principal Office Address

1104 Castlewood Terr

Suite, Apt. #, etc.

#208

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Casselberry, FL

City & State

Zip

32707

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0638824

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

Todd Huggins

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

1104 Castlewood Terr

Suite, Apt. #, Etc.

#208

City

Casselberry, FL

State

FL

Zip Code

32707

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

T. Huggins

Date 11-3-03

REGISTERED AGENT MUST SIGN

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
PD	Todd M Huggins	1104 Castlewood Terr #208 Casselberry, FL 32707	
V	Stephen Smith		
T	Edith Huggins		

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:

T. Huggins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03

Date

Daytime Phone #

CR2E081 (10/02)

ADVENTURE MARKETING CONCEPTS, INC.

1104 CASTLEWOOD TERRACE #208

CASSELBERRY, FL 32707

November 3, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Adventure Marketing Concepts, Inc.

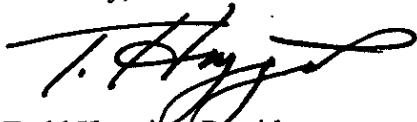
To Whom It May Concern:

I recently learned that my corporation had been dissolved due to the fact that a UBR had not been filed. When I went on your website to research this, I found that the address the state had listed for my company was not valid. Therefore, I never received any of the UBR forms. This was the first year I needed to fill this form out, and I wasn't aware that it existed.

In light of the above information, I respectfully request at this time that you accept my enclosed reinstatement form, along with my check for \$150.00. I also ask that you abate all late penalties.

Thank you for your help in this matter, if I can be of any further assistance, please feel free to call me at the number listed below.

Sincerely,



Todd Huggins, President
407-447-5205