

PLEASE READ ALL INSTRUCTIONS BEFORE COME

FILED

Mar 11, 2002 8:00 am
Secretary of State

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21856

1. Corporation Name

FLORIDA LEISURE ACQUISITION CORPORATION

Principal Place of Business

P.O. BOX 370
SILVER SPRINGS FL 34489-0370

Mailing Address

P.O. BOX 370
SILVER SPRINGS FL 34489-0370

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

2. New Principal Office Address, If Applicable

45 Rockett Hall Plaza
Suite, Apt. #, etc.

Suite 2079
City & State
New York, NY

Zip Country
10111

3. New Mailing Office Address, If Applicable

45 Rockett Hall Plaza
Suite, Apt. #, etc.

Suite 2079
City & State
New York, NY

Zip Country
10111



REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1988

5. FEI Number

59-2923395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DE HAVEON, MICHAEL	5656 E. SILVER SPRINGS BLVD	SILVER SPRINGS FL
DSP	EVERETT, BOB	5656 E. SILVER SPRING BLVD.	SILVER SPRINGS FL
			800005139978--2 -03/22/02--010021-022 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

EVERETT, BOB
5656 E. SILVER SPRINGS BLVD.
SILVER SPRINGS FL 34488

9. Name and Address of New Registered Agent

Name: Robert S. Everett
Street Address (P.O. Box Number is Not Acceptable): 45 Rockett Hall Plaza
Suite, Apt. #, etc.: Suite 2079
City: New York
State: NY
Zip Code: 10111
Name: Robert S. Everett
Address: 45 Folly & Landover
attn: Rich Haink
111 N. Orange Ave.
Suite 1800
Orlando FL 32802

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3/5/02

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: Robert S. Everett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/5/02 (212) 332-3292
Daytime Phone #

CR2E040 (8/01)