

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAY 17 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33015**

1. Corporation Name

Orlando Resort Corporation

Principal Place of Business

Sunday River Access Road
Bethel, ME 04217

Mailing Address

Sunday River Access Road
PO Box 450
Bethel, ME 04217

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/4/91	
City & State		City & State		5. FEI Number	
Zip		Country		59-3044642	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Leslie B. Otten	Sunday River Access Road	Bethel, ME 04217
Treasurer	Mark Miller	Sunday River Access Road	Bethel, ME 04217
Clerk	Christopher E. Howard	Sunday River Access Road	Bethel, ME 04217
VP	Michael J. Krongel	Sunday River Access Road	Bethel, ME 04217
			600002892726--1
			06/02/99--01059--012
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

Robin Irwin
2662 Sabal Club Way
Longwood, FL 32779

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc
City
Plantation
State
FL
Zip Code
33324

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]
REGISTERED AGENT MUST SIGN

GWISDALLA
Assistant Vice President

Date 5-14-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Christopher Howard, Clerk

4/24/99

Date

207-824-8100

Daytime Phone #

CR2E087 (12-98)