

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**

REINSTATEMENT 98-99

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

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

4. Date Incorporated or Qualified To Do Business in Florida: **3/4/91**

5. FEI Number: **59-3044642**
 Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

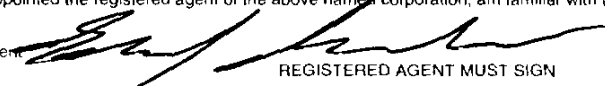
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
 -06702799--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: 
 REGISTERED AGENT MUST SIGN: **ROBIN IRWIN GWISDALLA** Date: **5-14-99**
Assistant Vice President

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:  **Christopher Howard, Clerk** Date: **4/24/99** Daytime Phone #: **207-824-8100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E08T (12/98)