

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Treasure Lagoon, Inc.

Principal Place of Business

4999 N. Tropical Trail
Merritt Island, FL. 32953

Mailing Address

Same

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

2. New Principal Office Address, If Applicable

4999 N. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL.

Zip

32953

Country

Brevard

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 20, 1993

5. FEI Number

59-316-3903

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Peter L. Profumo	4999 N. Tropical Trail	Merritt Island, FL. 32953
S/T/D	Peter L. Profumo	" " " "	" " " "

900002353439-4
-11/20/97-01100-006
***1080.00 ***1080.00

DB
11-20-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Peter L. Profumo

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

4999 N. Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

Peter L. Profumo

REGISTERED AGENT MUST SIGN

Date 10/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter L. Profumo

10/27/97
Date

407-636-4700
Daytime Phone #

FILED

97 NOV 19 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97