

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 28 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000004160

1. Corporation Name

Treasure Lagoon, Inc.

2. Principal Office Address

500 Treasure Lagoon Ln

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL.

City & State

Zip

32953

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/20/93

5. FEI Number

59-3163903

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

Peter L Profumo

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

500 Treasure Lagoon Lane

Suite, Apt. #, Etc.

City

Merritt Island, FL. 32

State  
FL

Zip Code  
32953

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

*Peter L Profumo*

REGISTERED AGENT MUST SIGN

Date

4-15-04

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
PSDT	Peter L Profumo D	500 Treasure Lagoon Ln	Merritt Island, FL 32953

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 118.07(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:

*Peter L Profumo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-04

Daytime Phone #

321-636-4700

CR2001 (01/04)