

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 18 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037574

1. Corporation Name

R.E.C RECREATIONAL EQUIPMENT CORPORATION

2. Principal Office Address

200 East Robinson Street

3. Mailing Office Address

200 East Robinson Street

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

Country

USA

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 23, 1993

5. FEI Number

59-3203948

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

Hendry, Stoner, DeLancett & Brown, P.A.

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

200 E. Robinson Street

Suite, Apt. #, Etc.

Suite 500

City

Orlando

State

FL

Zip Code

32801

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

By: *Hendry, Stoner, DeLancett & Brown, P.A.*
M. Stoner Brown

REGISTERED AGENT MUST SIGN

Date

11/10/03

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
PSD	Buchert, Guenter	200 E. Robinson Street, Suite 500	Orlando, Florida 32801
VDAS	Buchert, Jurgen	200 E. Robinson Street, Suite 500	Orlando, Florida 32801

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 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:

Buchert (Buchert Jurgen)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3.10.03

Daytime Phone #

CR2ED81 (10/02)