			a extraorphath tainsen di	
PLEASE READ A	ALL INSTRUCTIONS BEFOR	RE COMPLETING THIS FORM.		
APPLICATION FOR	FLORIDA DEPARTMENT OF S	TATE		
REINSTATEMENT	DIVISION OF CORPORATIONS			
DOCUMENT # P9300043228		FILED		
Resort Parks, Inc.		01 NOV 15 PM 12: 06		
Mpilling Address Principal Place of Business		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Clermont, FL 34711		REDSTATEMENT 97-01		
if above addresses are incorrect in any way, line through incorrect information and onter correction below.				
New Mailing Address, If Applicable New Principal Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 6/17/93		
Suite, Apr. #. etc. City & State	Suite, Apt. #. etc. City & State	5. FEI Number Applied For		
Zip Country	Zip Country	59-3201302 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required		
		for a Certaicage of States		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at log Name of Officers Street Address of Each Title(s) And/or Directors Officer and/or Directors (Do NOT Use Post Office Box N 1 2 3 (Do NOT Use Post Office Box N		of Each		
Pres. Peggy L. Abraham	240 Mohawk R	oad Clermont, FL 34711		
		200004004042 -2		
		3000046948433 -11/27/0101038013		
		***1350.00 ***1350.00		
B. Name and Address of Current Registered Agent Peggy L. Abraham Name		9. Name and Address of New Registered Agent		
240 Mohawk Road		ddress (P.O. Box Number is Not Accoptable)		
Suite, Apt. 4, Etc.		ot. a, Etc.		
	City	Slate Zip Code FL		
10. 1, being appointed the registered agent of the abo	ove named colporation, am familiar with and acc			
Signature of Registerod Agent Registerod Agent	EGISTERED AGENT MUST SIGN	Date 11/14/0		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)				
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (Sco other side for information on intangible tax.)				
13. I do hereby certily that the information supplied with this filling is voluntarily surnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I receive the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access: carrily 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 filling this reinstatement application in or cason for dissolution has been climinated, the corporation stitling is requirements at section 607,0401 or 617,0401, F.S., and that difference one of the provided for the same legal officer as it made.				
SIGNATURE: SONATURE AND TO SECOND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PROPERTY NAME OF SIGNING OFFICER OR DIRECTOR				

Will Pick Up

- Walk-In -

 Aft of Inc. File
 LTD Partnership File
 Foreign Corp. File
 L.C. File
 Fictitious Name File
 Trade/Service Mark
 Merger File
 Art. of Amend. File
 RA Resignation
 Dissolution / Withdrawal
 Annual Report / Reinstatement
 Cert. Copy
 Photo Copy
 Certificate of Good Standing
 Certificate of Status
 Certificate of Fictitious Name
 Corp Record Search
Officer Search S 57 175
 Fictitious Search
Fictitious Owner Search
Vehicle Search
 Driving Record
UCC 1 or 3 File
UCC 11 Search_
 UCC 11 Retrieval