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APPLICATION FOR REINSTATEMENT	FCO		THE STATE		r 1 SUA ^{co}	TLED 8 AH	10: 27	
DOCUMENT # P930000 1. Corporation Name Bright Star Resorts, I	ÎNC.				Park Till	EE FL	Chega	
Principal Place of Business 4533 W Irlo Bronson Memorial I Kissimmee, FL 34746	,	4401 Silvev Orlando, FL	32835					
If above addresses are incorrect in any way, line throws. New Principal Office Address, If Applicable	ng Office Address, If		Date Incorp To Do Busin	Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #		etc.		010711113				
City & State City & S				59-3202249 Applied For Not Applied by				
Zip Country	Zip	Country	у	6. CERTIFICATE	E OF STATUS DESIRED	S8.75 A for a	dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flor							
Title(s) Name of Officers and/or Directors		Off	eet Address of Each licer and/or Director se Post Office Box N	City / State / Zip				
D Koch, Jeffrey H.		4401 Silver Willow Gourt			Orlando,	FL	32835	
D Teitelbaum, Mark E.		1810 Worth Kentucky Street			Arlington,	VA	22205	
				3000029696930 -08/25/9901071027 ****150.00 *****150.00				
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent Name					ĝ
Koch, Jeffrey H.								
4401 Silver Willow Court			Street Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, Etc.) }
Orlando, FL 32835			City State Zip Code					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept				ligations of Section	on 607.0505, F.S.	FL		
Signature of Registered Agent Tyfics	H. K	OT ENT MUST SIGN			Date 7/4/	99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30.					(See of	her side for n intangible		
12. I certify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the no on this application is true and accurate, and my sig	ution has been e ames of individu	eliminated, the corpor als listed on this form	rate name satisfies the n do not qualify for a	ne requirements on exemption und	of section 607.0401 or	617.0401, F	F.S., that all fees	
SIGNATURE: SIGNATURE OR PRIN	Korl ted name of si	GNING OFFICER OR D	RECTOR	7.	14/49 46 Date	7- 347- Daytime	1700 Cet. 109	



7/4/99

To Whom It May Concern:

I called your office in June to request our 1999
Profit Corporation Cinnucl Report packet because upon
review of our financial statements, I noticed our new
accountant had not paid the filing fee. I told
the representative from your office the situation and she
mailed me the following form and told me to mail a
check for \$150.00 and explain that we had changed
accountants.

Please contact me if there is anything else we need to complete.

Thank-you!

Sincerely, Jeffry H. Kork

4533 W. Irlo Bronson Mem. Hwy. (U.S. 192) • Kissimmee, Florida 34746 Office: (407) 397-1700 • Fax: (407) 397-1100 • Reservations: (407) 397-0610