PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 APR 16 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067210

1. Corporation Name
FLORIDA ~~FUN & SUN~~ SUN & FUN TOURS INC.

Principal Place of Business	Mailing Address
219 PELICAN CT. KISSIMMEE FL 34743-8301 US	219 PELICAN CT. KISSIMMEE FL 34743-8301 US

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/08/1994

5. FEI Number: 59-3272420 ☐ 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
~~P~~	~~CHARLTON, CHARLES~~	~~218 PELICAN CT.~~	~~KISSIMMEE FL 34743~~
~~VP~~	~~CHARLTON, MONIKA~~	~~218 PELICAN CT.~~	~~KISSIMMEE FL 34743~~
P, S,	CHARLTON, GEORGE E	~~218~~ 219 PELICAN CT.	KISSIMMEE FL 34743

200002495022--0
-04/21/98--01033--030
****500.00 ****500.00

8. Name and Address of Current Registered Agent

CHARLTON, CHARLES W
218 PELICAN CT.
KISSIMMEE FL 34743-8301

9. Name and Address of New Registered Agent

Name: George E. Charlton
Street Address (P.O. Box Number is Not Acceptable): 219 Pelican Ct.
Suite, Apt. #, Etc.:
City: Kissimmee | State: FL | Zip Code: 34743

CR2E040 (8/97)

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: George E Charlton (REGISTERED AGENT MUST SIGN)
Date: 04/21/98

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-04/21/98--01033--031
****408.75 ****408.75

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: George E Charlton George E. Charlton Pres/Sec 4/14/98 407-344-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #