SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ROBERT J. ELDREDGE, EA "TAXPAYER REPRESENTATIVES ON YOUR SIDE"

3580 W HWY. 44 INVERNESS, FL 34453 TEL. (352)344-8300 FAX (352)726-8098

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

> Re: Adventureland, Inc. 59-3275649 6440 S Florida Ave Floral City, FL 34436 Corporation Reinstatement

Dear Madam or Sir,

We respectfully request that part of the fees/penalties be abated due to reasonable cause. Former registered agent was a licensed practicing attorney in the State of Florida. The former registered agent apparently was not performing to his expected ethics and professionalism and was disbarred as an Attorney. The former registered agent was Gary Poe Attorney at Law. As instructed by him Cynthia Ioerger made him the registered agent so that all her filings and requirements of the Corporation would be keep current. As is apparent, he did not advise her or forward to her important documents such as the Corporate Annual Report. The very first report missing was the first annual report due by the corporation. Hence Cynthia Ioerger never saw any annual reports because she believed everything was taken care of by a licensed attorney. As she learned recently that there were supposed to have been reports filed she sought help and found out about the delinquency.

Enclosed please find check for \$1015.00. Check is issued in anticipation of an affirmative response to our request. Thank you in advance for your consideration.

Robert I Eldreine E