

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067855

1. Corporation Name

ADVENTURELAND, INC.

Principal Place of Business

6440 S. FLORIDA AVENUE
FLORAL CITY FL 34436

Mailing Address

6440 S. FLORIDA AVENUE
FLORAL CITY FL 34436

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

09/12/1994

5. FEI Number

59-3275649

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 3	City / State / Zip 4
PVST	IOERGER, CYNTHIA V	6440 S. FLORIDA AVENUE	FLORAL CITY FL 34436
D	IOERGER, CYNTHIA V	6440 S. FLORIDA AVENUE	FLORAL CITY FL 34436

8. Name and Address of Current Registered Agent

ELDREDGE, ROBERT J
3580 E. GULF TO LAKE HIGHWAY
INVERNESS FL 34453

9. Name and Address of New Registered Agent

Name

KOEHL, Frederick

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

6050 W Gulf to lake Highway

Suite, Apt., #, Etc.

City

Crystal River

State

FL

Zip Code

34429

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

Oct. 22, 2002

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 22, 2002 352-726-7001
Daytime Phone #
250-1046

CR2E040 (8/02)