PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION FOR Sandra B. Mortham Secretary of State Division of CORPORATIONS FILED			FILED
DOCUMENT # P94000079439			97 OCT -2 AM II: 00
1. Corporation Name			CEODETARY OF STATE.
PEAK RESORTS OF FLORIDA, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
17805 US Hwy. 192 . 2457A S. Hiawassee Rd. Clearmont, FL 34711 #304 Orlando, FL 32835		DEMICTATEMENT @07	
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 Address, if Applicable		DONOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified	
105 E. Robinson	P. O. Box 3628 Suite, Apt. #, etc.		To Do Business in Florida 10/28/94
Suite-201	Crty & State		5. FEI Number Applied For
Orlando, FL	Orlando, FL		59-3275047 Not Applicable 6. CERTIFICATE OF STATUS DESIGN TO \$8.75 Additional Fee required
Zig 2801 Country USA	<u> </u>		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) Name of Officers. Street Address of Each			
Title(s) and/or Directors Officer and/or Director City 1 2 (Do NOT Use Post Office Box Numbers) 4			
P/D James W. Peak 6530 Metrowest		rowest #607	7 Orlando, FL 32896
D/S/T Samuel H. Smikin 1649 S. Kirkman Rd.		. #371 Orlando, Fl 32811	
			900023104590 -10/02/97-01110-010 *****750.00 *****750.00
8. Name and Address of Current R	egistered Agent	Name	9. Name and Address of New Registered Agent
Rober		t W. Morrison	
1649 S. Kirkman Road #371 Orlando, FL 32811		Street Address (P.O. Box Number is Not Acceptable) 105 E. Robinson Suite, Apt. #, Etc. Suite 201	
Orlando			State Zip Code FL 32801
10. I, being appointed the egistered agent of the above ranged corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent / Della W. Date 10/1/97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I release 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. 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., and that all fees owed by the corporation have been paid. 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: James W. Peak, President 2923104 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/1/8al Daylime Phone #			