

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000031256**

1. Corporation Name

**GREAT AMERICAN RESORTS OF FLORIDA, INC.**

Principal Place of Business

120 FIRESTONE POINTE, SUITE 100  
DULUTH GA 30136

Mailing Address

120 FIRESTONE POINTE, SUITE 100  
DULUTH GA 30136

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

2. New Principal Office Address, If Applicable

~~3300 HOLCOMB BRIDGE RD.~~

~~SUITE 290~~

City & State

~~NORCROSS, GA~~

Zip

~~30092~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~3300 HOLCOMB BRIDGE RD.~~

~~SUITE 290~~

City & State

~~NORCROSS, GA.~~

Zip

~~30092~~

Country

~~USA~~

**FILED**

98 MAR 10 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 97-98

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1995

5. FEI Number

58-2171099

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BATES, EDWARD L	120 FIRESTONE POINTE, SUITE 100	DULUTH GA 30136
D	BATES, TERESA A	120 FIRESTONE POINTE, SUITE 100	DULUTH GA 30136
	<i>Edward Bates</i>		
	<i>Teresa A. Bates</i>		

8. Name and Address of Current Registered Agent

OSWALD, KENNETH F  
600 COURTLAND STREET  
SUITE 110  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Kenneth F. Oswald*

REGISTERED AGENT MUST SIGN

Date

2/27/98

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:

*Edward Bates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-27-98 (770) 798-8500

Daytime Phone #

CP25040 (8/97)