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

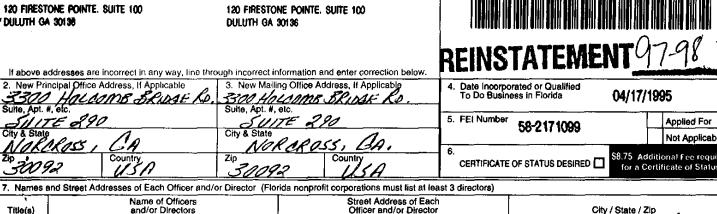
120 FIRESTONE POINTE. SUITE 100

Malling Address

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



SILTE 390 City & State NORCROSS, CA SUTE 290 S. FEI Number 58-2171099 Applied For Not Applicable	Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>				
City & State Not Applicable Not Applicable Country September 1 Country Country	SHITE 290					5. FEI Number 58-2171099		Applied For		
Country Certificate of Status Desired	City & State			City & State				Not Applicable		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each Officer and/or Director Off	Zip Country		Zip Country		ntry 15A		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
D BATES, TERESA A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Laboratory A 2 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136 Torema A. Bates A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30136	7. Names r	and Street Add	dresses of Each Officer and/		a nonprofit corpo	orations must list at lea	st 3 directors)			
D BATES, TERESA A 120 FIRESTONE POINTE, SUITE 100 DULUTH GA 30138 311 96 Edward Star Jorena a. Bota 7000024569272 -03/13/9801088007	Title(s)	and/or Directors				Officer and/or Director		City / State / Zip		
Edward Ster Jorem a. Boto 7000024569272 -03/13/9801088007	D	BATES, ED	OWARD L	1	120 FIRESTON	ie pointe, suite 1	100	DULUTH GA 30136	(D) a	
-03/13/9801088007	D	BATES, TE	RESA A	1	120 FIRESTON	ie pointe, suite 1	100	DULUTH GA 30136	3/11/10	
-03/13/9801088007		Elle	no Ster							
		Jar	esa a. Boto	2	······································	<u> </u>	7_			
			,				···			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		P Nam	a and Address of Current E	Pagistared Agent	<u></u>		O. Nome and d	Address of Now Pegister	od Arant	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name						<u> </u>				
OSWALD, KENNETH F 600 COURTLAND STREET Street Address (P.O. Box Number is Not Acceptable)						Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32804										
City State Zip Code FL	40. I halos and the state of the short of the short						- (F		
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.			registered agent of the abou	ve nameo corporat	tion, am tamiliar	with and accept the of	ліуатюль от S ect i	/	7/00	

Registered Agent

REGISTERED AGENT MUST SIGN

(See other side for Information on Intangible tax)

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

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 filling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR