

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

GREAT AMERICAN RESORTS OF FLORIDA

Principal Place of Business

8800 20TH STREET  
VERO BEACH, FL. 32966

Mailing Address

120 FIRESTONE POINTE  
DULUTH, GA. 30097-2077

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

9150 BAYMEADOWS ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32256

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 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
CEO	EDWARD BATES	9150 BAYMEADOWS ROAD	JACKSONVILLE, FL 32256

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

EDWARD BATES

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

9150 BAYMEADOWS ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

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

Edward T. Bates  
REGISTERED AGENT MUST SIGN

Date

8-18-99

11. This corporation owes 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 T. Bates  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-99  
Date

(904) 737-1700  
Daytime Phone #

FILED

99 AUG 31 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/09/99--01074--002  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

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CP2E081 (12/98)