

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 SEP 22 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054362

1. Corporation Name
OUTDOOR RESORTS, INC.

Principal Place of Business
**1509 South Florida Avenue
Suite 2
Lakeland FL 33803**

Mailing Address
Same

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
1509 S. Florida Ave.

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-95

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

5. FEI Number

59-3336148

Applied For

Not Applicable

City & State
Lakeland, FL

City & State

Zip
33803

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D/S	DONALD R. MASTROPIETRO	1509 S. Florida Ave., #2	Lakeland, FL 33803

3000002648433--4
-09/24/98-01080-018
****908.75 ****908.75

REINSTATEMENT

97-98

TS 9/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Donald R. Mastropietro
1509 S. Florida Avenue
Suite 2
Lakeland, FL 33803

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 Donald R. Mastropietro
REGISTERED AGENT MUST SIGN

Date **9/17/98**

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: Donald R. Mastropietro, President **9/17/98** (941) 683-5523

CP2E040 (12/95)