

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 11:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037250**

1. Corporation Name

**RESORT REALTY & DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

5409 MYRICA ROAD  
 ORLANDO FL 32810

5409 MYRICA ROAD  
 ORLANDO FL 32810



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

2. New Principal Office Address, If Applicable  
**100 EAST SYBELLA AVE.**

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

Not Applicable

**MAITLAND, FL**

Zip  
**32751**

Country  
**USA**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VT	MCDOWELL, NANCY L	5409 MYRICA RD	ORLANDO FL
S	MCDOWELL, MARK A	5409 MYRICA RD	ORLANDO FL 32810
VP	MCDOWELL, MICHAEL P	5409 MYRICA ROAD	ORLANDO FL 32810
P	MCDOWELL, JOHN P	5409 MYRICA ROAD	ORLANDO FL 32810

*Handwritten signature*

200008591222  
 10/25/02--01037--023 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDOWELL, JOHN P  
 5409 MYRICA ROAD  
 ORLANDO FL 32810

Name  
**MICHAEL P. MCDOWELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1328 SASSAFRAS AVE.**

Suite, Apt. #, Etc.  
**ALTAMONTE SPRINGS, FL**  
 City  
**ALTAMONTE SPRINGS** State  
**FL** Zip Code  
**32714**

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. or 617.0505, F.S.

Signature of Registered Agent

*Handwritten signature*  
 REGISTERED AGENT MUST SIGN

Date **10.22.02**

11. 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:

*Handwritten signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10.22.02** **4073316404**  
 Date Daytime Phone #

CR2E040 (8/02)