

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

5409 MYRICA ROAD
ORLANDO FL 32810

Mailing Address

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.

Suite, Apt. #, etc.

SUITE 105

City & State

MAITLAND, FL

Zip

32751

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1996

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

8. Name and Address of Current Registered Agent

MCDOWELL, JOHN P
5409 MYRICA ROAD
ORLANDO FL 32810

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.22.02 4073316404

Date

Daytime Phone #

CR2040 (8/02)