PLEASE READ			LETING THIS FORM.	L	
APPLICATION FOR A PEINCTATEMENT			Page 1	Install In Co.	
DOCUMENT # P96000101513 1. Corporation Name CENTRAL FLORIDA SUN & FUN, INC.			97 NOV -7 PM 3:38		
			SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business #35 LONGHODALE AVENUE LONGHOOD FL 92750 Mailing Address #36 LONGHOOD FL 92750					
If above addresses are incorrect in any way, line throws. New Principal Office Address, if Applicable Suite, Apt. #, etc.	3. New Malling Office Address, If Suite, Apt. #, etc.	Applicable 4. Date To D		7/1996	
ON State SAN FORD, FL Zip 32771 Country Country Country VS	City & State SANFORD, FL Zip 32771 Country 105	50	7-3415146	Applied For Not Applicable additional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprofit corpora	ations must list at least 3 direct	ors)		
Title(s) 2 and/or Directors 3 (Do NOT OF		licer and/or Director se Post Office Box Numbers)	Sumbers) 4 City / State / Zip		
		2M2 STREET	SANFORD FL	32771	
			80000234523 -11/12/970110 *****173.75 **	289 33-014 ***173.75	
8. Name and Address of Current F	Registered Agent	9. Name	e and Address of New Registered Ager	<u> </u>	
FRAY, ROGER C JR. 935 LONGDALE AVENUE LONGWOOD FL-32750		Name Street Address (P.O. Box Number is Not Acceptable) 105 WEST ZND STREET Suite, Apt. #, Etc. City A State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation			FL FL Section 607.0505, F.S.	32771	
Signature of Registered Agent Registered Agent RE	FLEY JACKET MUST SIGN		Date	97	
11. This corporation owes or ha ntangible Personal Propert		ar Yes No [(See other side for on intangible		
12.1 certify that I am an officer or director or the receivement that I am an officer or director or the receivement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my signature.	lution has been eliminated, the corpo ames of Individuals listed on this forr	rate name satisfies the require in do not qualify for an exempti	ments of section 607.0401 or 617.0401,	F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	C. Fray D	DIRECTOR	10-31-97 (Ho1) 3	878-0505 e Phone #	

THE PERSON OF TH



Contral Florida Sun & Fun, Snc. 105 W. 2nd Street Sanford, FL 32771

(407) 328-0505

fax (407) 328-0051

October 31,1997

To Whom It May Concern:

As per my conversation this morning with one of your representatives, I am writing to you in regards to the payment I sent to your offices at the end of July 1997. Your representative made me aware that my corporate filing and payment had never been received. After researching our bank records, it has come to my attention that my payment sent to you has not been cashed. I immediately put a stop payment on that check and have enclosed a new check for payment. My original filling had been sent to on July 29,1997 including check #1026 for the amount of \$173.75.

Enclosed with my renewal application is a check for \$173.75. If I can be any further assistance, please feel free to call me at (407)328-0505 Monday-Friday between 8:00AM and 5:00PM.

Thank you in advance for your help.

Sincerely,

Roger C. Fray Jr.

Roger Fray J.

Central Florida Sun & Fun, Inc.