

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 11 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000034227**

1. Corporation Name

ST. AUGUSTINE ENTERTAINMENT G.P., INC.

2. Principal Office Address

3044 Shepherd of the Hills
Expressway

Suite, Apt. #, etc.

Suite 307

City & State

Branson, MO

Zip

65616

Country

USA

3. Mailing Office Address

3044 Shepherd of the Hills
Expressway

Suite, Apt. #, etc.

Suite 307

City & State

Branson, MO

Zip

65616

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/15/1997

5. FEI Number

431785141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth R. Kresge

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

1200 Plantation Island Drive

Suite, Apt. #, Etc.

Suite 230

City

St. Augustine

State

FL

Zip Code

32080

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth R. Kresge

Date 8/9/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	K. G. Johnson	129 South Golfview Road Apartment 9	Lake Worth, FL 33460
D/P/S	Kenneth R. Kresge	1200 Plantation Island Drive, Suite 230	St. Augustine, FL 32080

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08/17/04--01060--004 **900.00

10. 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:

Kenneth R. Kresge

Kenneth R. Kresge

8/10/04

904.460-0747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)