

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State,

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 10 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053982

1. Corporation Name

STAY-N-PLAY RV RESORT CORP.

Principal Place of Business

Mailing Address

1135 GULF OF MEXICO DR
UNIT 402
LONGBOAT KEY FL 34228

1135 GULF OF MEXICO DR
UNIT 402
LONGBOAT KEY FL 34228

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1997

5. FEI Number

65-0763460

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P D	JAMES B. PINSKI	55 EAST WASHINGTON ST SUITE 3400	CHICAGO ILL 60602
S D	STEELE D. BORRINO BORRINO	1701 STARRING DRIVE	SARASOTA FL 34231
V.P.	DOUGLASS A DURHAM	899 KNIGHTS TRAIL RD.	NOKOMIS FL 34275
			300002716473--7 -12/18/98--01090--015 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEGAL, NAT
1135 GULF OF MEXICO DR
UNIT 402
LONGBOAT KEY FL 34228

Name LAWRENCE M. HANKIN

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

2033 MAIN ST

Suite, Apt. #, Etc.

SUITE 400

City

SARASOTA

State

FL

Zip Code

34237

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

Lawrence M. Hankin **RE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Lawrence M. Hankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/98 (941) 485-1800
Date Daytime Phone #

CR25040 (9/98)