PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00 am
Secretary of State

DOCUMENT # P97000062772

1. Corporation Name
NATIONAL EXPEDITIONARY MARITIME, HISTORIC HAV FOR ANCIENT PRESERVATION COMPANY

Principal Place of Business
WALT DISNEY RESORT COMMUNITY, Celebration
720 Celebration Ave. Suite 170
Celebration City, Fl 34747

Mailing Address
W/DW Community
720 Celebration Ave
Suite 170
Celebration City, Fl 34747

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
07/21/1997

5. FEI Number
59-7092851
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 |
|---|---|---|---|
| Sole proprietor | MARIA DEL CARMEN MARTINEZ-Pereira III Exective Director/Sole proprietor | | W DW. Community 720 Celebration Ave. Suite 170 Celebration City, Fl 34747 |

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***158.75

8. Name and Address of Current Registered Agent
MARIA DEL CARMEN MARTINEZ-Pereira III
720 Celebration Ave. Suite 170
Celebration City, Fl 34747
407 566-8182

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

C12EC040 (12/96)

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: Maria del Carmen Martinez-Pereira III
REGISTERED AGENT MUST SIGN
Date 3/22/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

MARIA DEL CARMEN MARTINEZ-PEREIRA III

SIGNATURE: Maria del Carmen Martinez-Pereira III 3/22/98 4075668182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Sole proprietor / Director