

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 22 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000000841
1. Corporation Name
Theme Park Embroidery, Inc.

2. Principal Office Address <u>4428 SW 36th St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>4428 SW 36th St</u> Suite, Apt. #, etc.	
City & State <u>Orlando FL</u>		City & State <u>Orlando FL</u>	
Zip <u>32811</u>	Country <u>USA</u>	Zip <u>32811</u>	Country <u>USA</u>

4. Date Incorporated or Qualified
To Do Business in Florida
01-02-02

5. FEI Number <u>59-3485543</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name
Steve Lebrat
Street Address (P.O. Box Number is Not Acceptable)
226 Hillcrest Street
Suite, Apt. #, Etc.
City
Orlando State
FL Zip Code
32811

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 [Signature] Date 4.12.02
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
Pres	Christopher T. Weising	4428 SW 36th St	Orlando, FL 32811

700005418947-0
-05/02/02--01007--00
****750.00 ****750.00
700005418947-0
-05/02/02--01007--002
****150.00 ****150.00

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: [Signature] president/ceo 4.12.02 407.481.2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #