

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 21 AM 10:20

DOCUMENT # 099000006397

1. Corporation Name

THE FLORIDA COMPANIES PARTNERSHIP,
INC.

2. Principal Office Address

1331 PALMETTO AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

WINTER PARK, FL.

City & State

Zip

32789

Country

ORANGE

Zip

Country

900022369349

08/18/03--01005--010 **458.75

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/99

5. FEI Number

593339998

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

MICHAEL KELLEY

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

1331 PALMETTO AVE

Suite, Apt. #, Etc.

SUITE 200

City

WINTER PARK

State

FL

Zip Code

32789

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

Michael Kelley

Date

7/18/03

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	MICHAEL KELLEY	1331 PALMETTO AVE, SUITE 200	WINTER PARK, FL 32789
MANAGING PARTNER			

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:

Michael Kelley MICHAEL KELLEY

Date

7/18/03 (407) 331-0991

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



THE FLORIDA COMPANIES

JULY 21, 2003

ADVENTURES
IN FLORIDA
Custom Tours & Daytrips

DISCOVER FLORIDA
Activity Referral Service

FLORIDA CRACKER
Personal Guide Service

FLORIDA RETREAT
Event Planners

RUSTIC RESORTS
Cabins • Lodges • Retreats

FLORIDA DEPT OF STATE,

PLEASE BE ADVISED THAT WE DID NOT
RECEIVE ANY NOTICE TO FILE THE 2001
UNIFORM BUSINESS REPORT - POSSIBLY DUE TO
THE FACT THAT WE SOLD OUR OFFICE BUILDING
THAT YEAR (AFTER 20 YEARS AT THAT ADDRESS)
AND MOVED TO WINTER PARK, FLORIDA. THE
ADDRESS BELOW IS CURRENT.

PLEASE WAIVE THE REINSTATEMENT FEE.

THANK YOU,

MIKE KELLEY