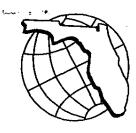
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sportage of State			SECRETARY OF STATE DIVISION OF CORPORATIONS		
DOCUMENT # \$9900006397 1. Corporation Name THE FLORIDA COMPANIES PARTNERSHIP, INC.				03 JUL 21 AF	9 10: 20	
2. Principal Office Address	3. Mailing Office Address		90	900022369349 08/18/0301005010 **458.75		
1331 Parmetto are Suite, Apt. #, etc.	Suite, Apt. #, etc.		007.107	.020160201	0 44400-10	
SUTTE 200			4. Date incorporated or Qualified To Do Business in Florida			
City & State WINTER PARK, FL.	City & State		5. FEI Number		Applied For	
	Zip	Country	<u> 593</u>	339998	Not Applicable	
21932789 Country ORANGE			CERTIFICATE OF	STATUS DESIRED	75 Additional Fee required or a Certificate of Status	
7. Name and Address of Current Registered Agent						
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. State Zip Code						
WINTER PARK FL 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 Date 7/18/03 REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and	/or Director (Florida nonprofit o					
Titles Name of Officers and/or Directors	Name of Street Address of Ear Officers and/or Directors Officer and/or Direct			City / Stat	te / Zip	
PREY MICHAEL KEY	LEY 1331 F	ALMETTO A	15, SUTEZO	WINTER PAR	L, K 32789	
Mandeine PARTNER 1331 PALMETTO ANE, SUITEZO WINTER PARK, K. 32789						
						
						
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: MICHAEUKEURY 1/8/03 (407)331-0991						
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICI	ER OR DIRECTOR	, 0	ate Dayt	time Phone#	



THE FLORIDA COMPANIES

JULY 21,2003

ADVENTURES IN FLORIDA Custom Tours & Daytrips

DISCOVER FLORIDA Activity Referral Service FLORIDA DEPT OF STATE,

PLEASE BE ADVISED THAT WE DO NOT

RECEIVE ANY NOTICE TO FUE THE ZOO!

UNIFORM BUINESS REPORT - POSSIBLY DUE TO

THE RATE THAT WE SOUN OUR OFFICE BULLDING

THAT MEAR (AFTER 20 MEARS AT THAT ADDRESS)

AND MOVES TO WINTER PARK, FLORIDA. THE

ADDARGE BELOW IS CURRENT.

PLEASE WAIVE THE REINSTATEMENT FEE.

FLORIDA CRACKER Personal Guide Service

THANK YOU,

MIKE KENEY

FLORIDA RETREAT Event Planners

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