

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 27 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V05339

**1. Corporation Name**

Attractions Plus Inc.  
P.O. Box 26151  
Tampa FL 33623

**2. Principal Office Address**

5550 W. Idlewild

Suite, Apt. #, etc.

#104

City & State

Tampa FL

Zip

33634

Country

USA

**3. Mailing Office Address**

P.O. Box 26151

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33623

Country

USA

**REINSTATEMENT**

800021174088

06/27/03--01038--003 \*\*900.00

0203

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-9-92

**5. FEI Number**

59-3100349

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

J. Scott Fenimore

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

5550 W. Idlewild

Suite, Apt. #, Etc.

#104

City

Tampa

State

FL

Zip Code

33634

**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

*J. Scott Fenimore*  
REGISTERED AGENT MUST SIGN

Date 6.25.03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Fenimore, J. Scott                   | P.O. Box 26151<br>Tampa, FL 33623                 |                    |
| V      | Brock, Joel A.                       | P.O. Box 26151<br>Tampa, FL 33623                 |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

*J. Scott Fenimore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.25.03

Date

727.803.1503

Daytime Phone #

CR2E081 (10/02)