
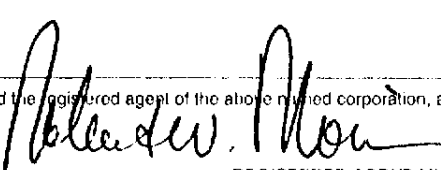
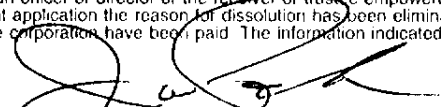


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 OCT -2 AM 10: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V05535				REINSTATEMENT 915-017	
1. Corporation Name PEAK RESORTS INTERNATIONAL, INC.					
Principal Place of Business 13810 Champion Forest Suite 147 Houston, TX 77069		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 105 E. Robinson Suite, Apt. #, etc. Suite 201 City & State Orlando, FL Zip 32801		3. New Mailing Address, If Applicable P. O. Box 3628 Suite, Apt. #, etc. City & State Orlando, FL Zip 32802-3628		4. Date Incorporated or Qualified To Do Business in Florida 1/9/92	
5. FEI Number 59-3100698		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
8. Name and Address of Current Registered Agent Corporation Information Services, Inc. 1201 Hays St. Tallahassee, FL 32301		9. Name and Address of New Registered Agent Robert W. Morrison Street Address (P.O. Box Number is Not Acceptable) 105 E. Robinson Suite, Apt. #, Etc. Suite 201 City Orlando State FL Zip Code 32801			
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div>Date 10/1/97</div></div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE: </div><div>James W. Peak, President</div><div>407 392 3104</div></div>					