

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVAL
FILED

10/2

01 DEC 17 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



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

DOCUMENT # L00000014202

1. Limited Liability Company's Name
Florida Vacation Ventures, LLC

REINSTATEMENT 2001

2. Principal Office Address 104 N. Church Street Suite, Apt. #, etc. City & State Kissimmee, Florida Zip 34741		3. Mailing Office Address 104 N. Church Street Suite, Apt. #, etc. City & State Kissimmee, Florida Zip 34741	
Country U.S.A.		Country U.S.A.	

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/15/2000

6. FEI Number 59-3709590	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Avenue
Suite, Apt. #, Etc.
Suite 2300
City
Orlando

State
FL

Zip Code
32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent
A.G.C. Co. by Kenneth C. Wright, Vice Pres

REGISTERED AGENT MUST SIGN
A.G.C. Co., by Kenneth C. Wright, as Vice President

Date 12/14/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Max P. Cawal	922 Chauncey Court	Ocoee, FL 34761

11. I certify that I am managing member, manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of Managing Member/Manager
Max P. Cawal

Date 12/14/01 Daytime Phone # (407) 905-0110

Typed or printed name of signing Managing Member/Manager Max P. Cawal, Managing Member

CR20041 (8/00)



20/2

ACCOUNT NO. : 072100000032
 REFERENCE : 389376 4329479
Patricia Pignatelli
 AUTHORIZATION :
 COST LIMIT : \$ 155.00

ORDER DATE : December 17, 2001
 ORDER TIME : 11:42 AM
 ORDER NO. : 389376-005
 CUSTOMER NO: 4329479

CUSTOMER: Ms. Jennifer A. Newcombe
 Baker & Hostetler Llp
 200 South Orange Avenue
 Suite 2300
 Orlando, FL 32801

DOMESTIC FILINGS

NAME: FLORIDA VACATION VENTURES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____

RECEIVED
 01 DEC 17 PM 1:00
 DIVISION OF CORPORATION