

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 NOV -4 PH 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100187459341
11/04/10--01039--002 **238.75

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000106478

1. Limited Liability Company's Name

FLORIDA SCANDINAVIAN VACATION HOMES AND MANAGEMENT LLC

2. Principal Office Address - No P.O. Box # 8701 W IRLO BRONSON MEMORIAL HWY		3. Mailing Office Address 8701 W IRLO BRONSON MEMORIAL HWY	
Suite, Apt. #, etc. SUITE 136		Suite, Apt. #, etc. SUITE 136	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34747	Country USA	Zip 34747	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **11/4/2009**

6. FEI Number **27-1254572** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JANNE E DALEN

Street Address (P O Box Number is Not Acceptable)
8959 MAJESTY PALM RD

Suite, Apt. #, Etc.
SUITE 136

City
KISSIMMEE

State
FL

Zip Code
34747

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 *Janne Dalen* Date **11/1/2010**

REGISTERED AGENT MUST SIGN

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	JANNE E DALEN	8959 MAJESTY PALM RD	KISSIMMEE, FL 34747
MGRM	MARION M ROGERS	2970 LAKE DRIVE	KISSIMMEE, FL 34747
			J. SAULSBERRY EXAMINER
			NOV - 5 2010

REINSTATEMENT
2010

11. E-mail Address **SAFDAR@FLORIDASCANDI.COM** (To be used for future annual report notifications)

12. 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 *Janne Dalen* Date **11/1/2010** Daytime Phone # **407-982-7224**

Typed or printed name of signing Managing Member/Manager **JANNE E DALEN**