

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** N43112

**1. Corporation Name**  
VACATION VILLAS AT FANTASYWORLD  
TIME-SHARE OWNER'S Association, Inc

**2. Principal Office Address**  
4999 KYNGS HEATH BLVD.

**3. Mailing Office Address**  
6925 LAKE ELLENOR DR.

Suite, Apt. #, etc.  
SUITE 400

City & State  
KISSIMMEE, FL

City & State  
ORLANDO, FL

Zip Country  
34746 US

Zip Country  
32809 US

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

**5. FEI Number** 59-3063633  
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  
KOSMAS, JAMES

Street Address (P.O. Box Number is Not Acceptable)  
111 LIVE OAK STREET

Suite, Apt. #, Etc.

City  
NEW SMYRNA BEACH

State  
FL

Zip Code  
32168

**REINSTATEMENT** [Signature]

**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 [Signature] REGISTERED AGENT MUST SIGN

Date Dec. 1, 2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	ZYWICKI, JR., HANK	P.O. BOX 771297	OCALA, FL 34477
STD	KOSMAS, STEVE	920 THIRD AVE.	NEW SMYRNA BEACH, FL 32168
PEO	KOSMAS, NICHOLAS G.	920 THIRD AVE.	NEW SMYRNA BEACH, FL 32168

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**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: [Signature] January 3, 2001 904-427-6892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)