

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 14 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028368

1. Corporation Name

PROFESSIONAL VACATIONS, INC

2. Principal Office Address

6550 SW 39 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

FLORIDA

Zip

33114

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 11, 1994

5. FEI Number

65-0484987

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

BLUTSTEIN, GEORGE J ESQ

REINSTATEMENT 99-01

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

~~20001 BISCAYNE BLVD~~

4700 B Shreve St

Suite, Apt. #, Etc.

~~SUITE 501~~

100003782361-3

City

~~NORTH MIAMI BEACH, FL~~ 33130 Nalpsud

State

FL

02/27/01-01061-001

\*\*\$1,950.00 \*\*\$1,050.00

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

REGISTERED AGENT MUST SIGN

Date

2/12/01

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
PRESIDENT	LOUISE FELLER	12250 N.W. ST ST	Plantation Fl. 33325
VICE PRESIDENT	GUNTHER MEYER	10101 E. BAY HARBOR DR APT 505	Bay Harbor Island, FL 33154
TREASURER	BETEL MEYER	1651 SW 32 COURT	MIAMI, FL 33145
SECRETARY	WENDY COHEN	10180 SW 1CT	PLANTATION, FL 33324

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:

GUNTHER MEYER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/001  
Date

954-452-0672  
Daytime Phone #

CR2E081 (9/00)