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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2001 MAY 10 PM 1:36

CORPORATION REINSTATEMENT

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

DOCUMENT #

1. Corporation Name
VENTURA HOLIDAY & VACATION CENTER, INC.

2. Principal Office Address
1948 E. OSCEOLA PARKWAY
Suite, Apt. #, etc.

3. Mailing Office Address
1948 E. OSCEOLA PARKWAY
Suite, Apt. #, etc.

City & State
KISSIMMEE, FLA.

City & State
KISSIMMEE, FLORIDA

Zip Country
34743 U.S.A.

Zip Country
34743 USA.

4. Date Incorporated or Qualified To Do Business in Florida 5/5/1994

5. FEI Number 65-0505142 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name LORRAINE S. MOSS

Street Address (P.O. Box Number is Not Acceptable) 3016 STILLWATER DRIVE

Suite, Apt. #, Etc.

City KISSIMMEE State FL Zip Code 34743

REINSTATEMENT 99-01

DC

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 Lorraine Moss REGISTERED AGENT MUST SIGN Date 5/9/01 5/10/01

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
PRES.	LORRAINE S. MOSS	3016 STILLWATER DR.	KISSIMMEE, FL. 34743
V-PRES	ELAINE D. PORST	4357 REAVES ROAD	KISSIMMEE, FL. 34746

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***1050.00 ***1050.00

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: Lorraine Moss 5/9/01 407-344-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/00)