

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073476

1. Corporation Name

RESORT VACATIONS, INC.

Principal Place of Business

Mailing Address

7802 KINGSPONTE PKWY
SUITE 206
ORLANDO FL 32819

7802 KINGSPONTE PKWY
SUITE 206
ORLANDO FL 32819



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7802 KINGSPONTE PKWY

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1997

Suite, Apt. #, etc.

SUITE 101

5. FEI-Number

59-3458912

Applied For

City & State

ORLANDO, FL

City & State

Not Applicable

Zip

32819

Country

USA

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MAYORAL, JOSE G	7802 KINGSPONTE PKWY	ORLANDO FL 32819
			400009581614 12/18/02--01062--004 **150.00
			400009581614 02/19/03--01020--003 **150.00

8. Name and Address of Current Registered Agent

MAYORAL, JOSE G
14663 BRADDOCK OAK DRIVE
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Jose G Mayoral
REGISTERED AGENT MUST SIGN

Date 12/16/02

11. 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:

Jose G Mayoral
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/02

407-367 2141

Date

Daytime Phone #

CR12E040 (8/02)