

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9900006403 P99000064683

**1. Corporation Name**

VACATION STORE OF SOUTH BEACH INC

1427 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

**2. Principal Office Address**

1427 PONCE DE LEON BLVD

**3. Mailing Office Address**

CORAL GABLES FL 33134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

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

**5. FEI Number**

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

ROSANNA M MENDEZ

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

1427 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

**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

Date 07/30/04

REGISTERED AGENT MUST SIGN

**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
PD	ROSANNA M MENDEZ	1427 PONCE DE LEON BLVD	CORAL GABLES FL 33134
VD	GEORGE ALVAREZ	1427 PONCE DE LEON BLVD	CORAL GABLES FL 33134
TD	ALEXANDRA ALVAREZ	1427 PONCE DE LEON BLVD	CORAL GABLES FL 33134

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/04

Date

Daytime Phone #

205-774-0040

CR2E081 (07/04)