

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10+2

APPLICATION

FLORIDA DEPARTMENT OF STATE



REINSTATEMENT

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000070631

1. Corporation Name

VACATION VILLAS, INC.

FILED

02 DEC 31 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business

7913 MAGNOLIA BEND CT.
KISSIMMEE FL 34787

Mailing Address

109 QUEEN ST., PETERHEAD ABERDEENSHIRE
SCOTLAND, UNITED KINGDOM
AB42 1UA



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/16/2001

5. FEI Number

N/A

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
MR D	JOHN STEPHEN	109 QUEEN ST, PETERHEAD,	SCOTLAND UK AB42 1UA
MRS D	ELAINE STEPHEN	109 QUEEN ST, PETERHEAD,	SCOTLAND UK AB42 1UA

000008833890
11/06/02--01108--013 **150.00

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8. Name and Address of Current Registered Agent

STEPHEN, JOHN
7913 MAGNOLIA BEND CT.
KISSIMMEE FL 34787

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

28th October 2022

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28th October 2022 01146 1779 42871

CR2E040 (8/02)

PS 20fz

109 Queen Street
Peterhead
Aberdeenshire
Scotland
United Kingdom
AB42 1UA
Tuesday, 05 March 2002

Dear Sir/Madam,

Subject: Vacation Villas Inc.

Please find enclosed a completed Re-Instatement form.

I have not received any previous notices from you regarding this matter.. because I am resident in the UK I often find mail goes missing from the USA.

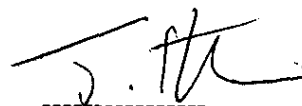
I note that my mailing address is slightly incorrect on your records which may account for the problem.

My correct mailing address is

109 Queen Street
Peterhead
Aberdeenshire
Scotland
United Kingdom
AB42 1UA

Please find attached a cheque for \$150.00 for a filing fee and I would be grateful if under the circumstances you would accept this to re-instate my company.

Yours sincerely,



John Stephen