PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 27 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # F03000005515

1. Corporation Name

Florida Travel Vacations Corp.

2. Principal Office Address		3. Mailing Office Address	
2000 South Tamiami Trail		2000 South Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, Florida		City & State: Sarasota Florida	
Zip: 34239	Country: US	Zip: 34239	Country: US

4. Date Incorporated or Qualified To Do Business in Florida November 5, 2003

5. FEI Number 76-0743442 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [illegible]

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.: Tallahassee

City: Tallahassee State: FL Zip Code: 32301-2525

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: [signature] Jeanine Reynolds as its agent Date 6-27-05

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
DP	Anita Geddes	2000 South Tamiami Trail	Sarasota, Florida 34239
VPM	Ron Keleher	2000 South Tamiami Trail	Sarasota, Florida 34239
VPS	Kelly McPherson	2000 South Tamiami Trail	Sarasota, Florida 34239

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] 6/27/2005 (941)929-7121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/04)

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

FLORIDA TRAVEL VACATIONS CORP.

Certificate of Status	0
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