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04 JAN 13 PM 2:33

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

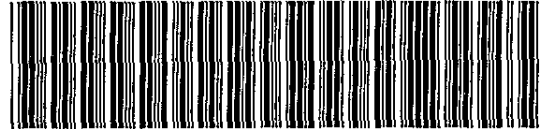
Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

04 JAN 15 PM 2:33

TO: Registration Section
Division of Corporations

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SUBJECT: Native Vacations, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Traci Wood
(Name of Person)

Native Vacations, Inc.
(Firm/Company)

P.O. Box 1225
(Address)

Crystal River, FL 34423
(City/State and Zip code)

For further information concerning this matter, please call:

Traci Wood at (352) 302-5052 (cell#)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

04 JAN 15 PM 2:33

RECEIVED STATE
TALLAHASSEE, FLORIDA

November 4, 2003

TRACI WOOD

P.O. BOX 1225
CRYSTAL RIVER, FL 34423

SUBJECT: NATIVE VACATIONS, INC.
Ref. Number: W03000032388

We have received your document for NATIVE VACATIONS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,450.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

FILED

04 JAN 15 PM 2:33

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

(850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 603A00060002



NATIVE VACATIONS, INC. ON FLORIDA'S NATURE COAST

Custom Vacations, Accommodations, Adventures
P.O. Box 1225, Crystal River, Florida, USA 34423
Toll Free: 1-866-GONATIVE Fax: (352) 794-0319
www.nativevacations.com

04 JAN 15 PM 2:31
STATE
TALLAHASSEE, FLORIDA

December 12, 2003

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Upon receiving the enclosed form and \$70.00 charge for filing, we have also received a letter stating that we now owe \$1000.00 per year of doing business. Obviously we were not trying to avoid paying you the \$70.00 fee, so that we could in turn pay \$1000.00 per year, as that would be plain stupid on our part. We are paying our taxes and have all of the licenses required by law in which to run our business, with exception to the one in question. However, we do not have now, nor do we expect to have the \$3500.00 available to be able to pay for the fees per year. If we are expected to have to somehow come up with this money, our company will cease to exist and certainly could not pay the Florida Department of State.

Of course we do not want to have to be put out of business over a misunderstanding or lack of information on our side, but we will if we are forced to try to pay these fees.

Therefore, we would like to ask that in regard to our lack of knowledge about this fee, we be allowed to pay the \$70.00 filing fee per each year we have not, and allow us to remain in business.

Please advise us of our options.

Thank you,

Traci Wood
Traci Wood
Manager, Native Vacations, Inc.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

04 JAN 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 16, 2003

TRACI WOOD
PO BOX 1225
CRYSTAL RIVER, FL 34423

SUBJECT: NATIVE VACATIONS, INC.
Ref. Number: W03000032388

We have received your document for NATIVE VACATIONS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based on the information you have provided, this office offers to settle the issue of non-qualified penalty and annual report fees for the sum of \$500.00. However, this offer will expire in 60 days. To take advantage of this offer, we must receive the total amount due prior to the expiration date.

The total amount due is \$570.00.

There is a balance due of \$500.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 303A00067369



NATIVE VACATIONS, INC. ON FLORIDA'S NATURE COAST

Custom Vacations, Accommodations, Adventures

P.O. Box 1225, Crystal River, Florida, USA 34423

Toll Free: 1-866-GONATIVE Fax: (352) 794-0319

www.nativevacations.com

JAN 15 PM 2:33
TALLAHASSEE, FLORIDA

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Native Vacations, Inc.
Reference Number: W03000032388

Enclosed is a check for the balance due of \$500.00 in reference to the above number. We thank you for your consideration of our company's issues, and for allowing the non-qualified penalty and annual report fees to be of a lesser amount. We are currently trying to contact the Michigan Secretary of State in order to send you a certificate of existence and of good standing.

If there are any further issues or concerns between us, please feel free to contact us toll free at 1-866-466-2848.

Thank you-

Traci Wood

Traci Wood

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Native Vacations, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

same as above
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan 3. 38 3562607
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 24 2000 5. —
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 5, 2000
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 11844 W. Bayshore Dr. Crystal River, FL 34429
(Principal office address)
P.O. Box 1225 Crystal River, FL 34423
(Current mailing address)

8. House Rental & tours, custom vacation packages
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Traci Wood

Office Address: 11844 W. Bayshore Dr.
Crystal River, Florida 34429
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Traci Wood

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dan Souheaver

OK JAN 15 PM 2:30

Address: _____

STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dan Souheaver

Address: 5580 W. Yearling Dr.

Beverly Hills, FL 34465

Vice President: Diana Marsh

Address: 5580 W. Yearling Dr.

Beverly Hills, FL 34465

Secretary: Traci Wood

Address: 11844 W. Bayshore Dr. Crystal River, FL 34429

Treasurer: _____

Address: _____

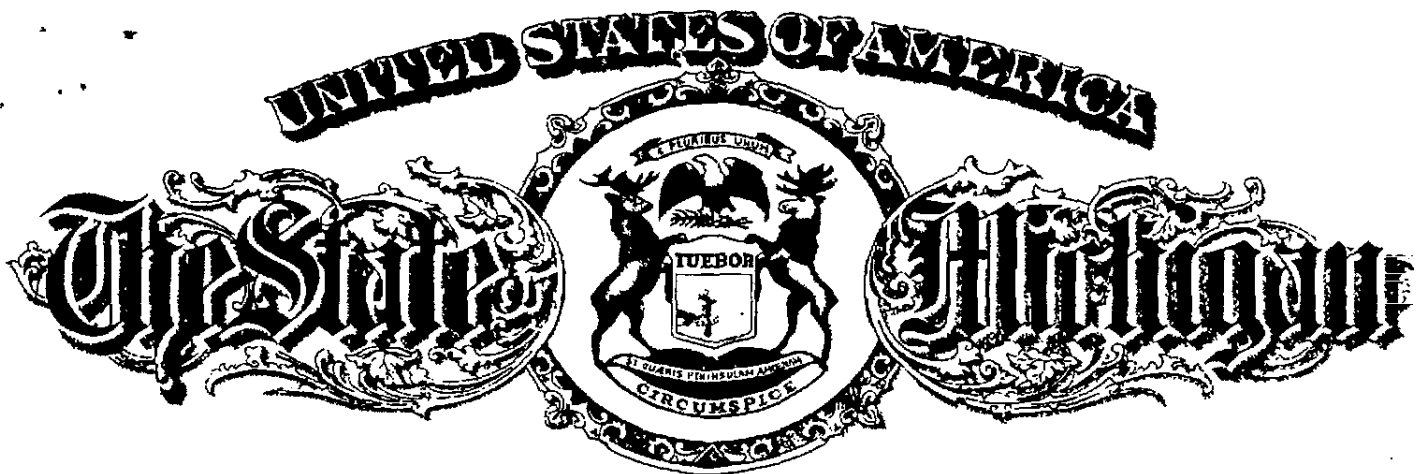
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DANNY W. SOUHEAVER PRESIDENT

(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

NATIVE VACATIONS, INC.

was validly incorporated on March 24, 2000, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of January, 2004.

Andrew L. Mettelf, Director

Bureau of Commercial Services