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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

erro ot. PM I:



February 27, 2006

SHANNON SANTIAGO RESERVATIONS REQUIRED INC. 14926 CEDAR BRANCH WAY ORLANDO, FL. 32824

SUBJECT: RESERVATIONS REQUIRED INC.

Ref. Number: W06000009553

We have received your document for RESERVATIONS REQUIRED INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 (850) 945-3933.

Letter Number: 106A00013631

D. White Document Specialist

COVER LETTER

| • |
|--|
| TO: Registration Section Division of Corporations |
| SUBJECT: RESERVATIONS REQUIRED INC. |
| SUBJECT: RESERVATIONS REQUIRED 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: |
| SHAMADA) SANTIAGO |
| (Name of Person) |
| SHANNON SANTIAGO (Name of Person) RESERVATIONS REQUIRED INC. (Firm/Company) |
| (Firm/Company) |
| 110 01 000 00 00 00 00 00 00 00 00 00 00 |
| 199 JO CEDAR BRANCH WAY |
| 149 26 CEDAR BRANCH WAY (Address) ORLANDO FLOR: OA 32824 (City/State and Zip code) |
| (City/State and Zip code) |
| |
| For further information concerning this matter, please call: |
| SHAWNON SANTIAGO at (401) 888 - 3304 (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy |

| | | | | | AUTHORIZ IDA THE FOLLOW IN THE STATE | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--------------------------|----------------------|---|-------------------|------------|--------------------|
| COMPLIANC GISTER A FO | E WITH SECT. | ION 607.1503, ORATION TO | FLORIDA ST TRANSACT B | ATUTES, USINESS . | THE FOLLOW, IN THE STATE NY," "CORPOR | NG IS S OF FLX | SUBMIT I | ERGOPH 1 |
| RESER | CUATION | S REG | VIRED | 1NC | , | | TETAHA | SSFE STA |
| Enter name of Inc.," "Co.," " | corporation; mus Corp," "Inc," "Co | st include "INCO o," or "Corp.") | RPORATED," | "COMPA | NY," "CORPO | RATION | 2 · | LORI |
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| f name unavai | ilable in Florida, | enter alternate c | orporate name | adopted for | the purpose of tr | ansacting | g business | in Florida) |
| NEW | YORK | | 3. | 20. | 1016970 (FEI numbe | | | |
| tate or country | y under the law o | f which it is inco | orporated) | | (FEI numbe | r, if appli | cable) | |
| APRIL | 13 2 | 004 | 5. | | Year corp. will | | | |
| (Dat | te of incorporation |)n) | | (Duration | Year corp. will | cease to | exist or " | perpetual") |
| OCT | OBEK | 1 200 | <u>5</u> | | | | | |
| | { | Date Iirst transa | ctea business in | <u>i Plonda,</u> ii | prior to registrat determine penal | on) | | |
| 14926 | | | | | ORLAN | | | 32824 |
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| | | (Curre | nt mailing addr | ress)_ | | · | | · · · - |
| MANUE | 21 11.61 | سيسا | | | | | | |
| (Purpose | (s) of corporation | authorized in h | ome state or co | untry to be | carried out in sta | te of Flor | rida) | |
| | | | | | | | . , | |
| | et address of F | | 2 | | <u>i acceptable)</u> | | | |
| | SHANI | | | | | - | | |
| ce Address: | 14926 | Gedar: | Branch | War | | | | |
| | OKI | anda | • | , Flo | 2787 | 4 | | |
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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.

(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: _

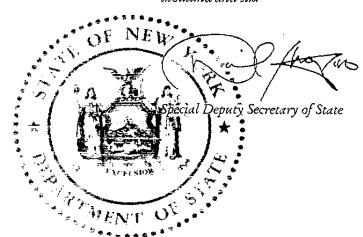
| A. DIRECTORS | 06 Fr- | ILED |
|---|--------------------|---------------------------------------|
| Chairman: <u>5 HANNON</u> SANTIAGO | SF00 | PM. |
| Address: 14926 CEDAR BRANCH WAY | TALL AHASSEE | PM 1:03 |
| ORLANDO FL 32824 | ,03EE | FLORIE |
| Vice Chairman: | | A |
| Address: | | |
| | <u> </u> | <u></u> |
| Director: | | |
| Address: | | |
| | | 4 |
| Director: | | |
| Address: | | |
| Trodices. | | |
| B. OFFICERS President: SHANNON SANTIAGO | | |
| Address: 14926 CEDAR BRANCH WAY | · | |
| ORLANDO FL 32824 | | |
| Vice President: | | |
| Address: | | |
| | | |
| Court on | | |
| Secretary: | | · · · · · · · · · · · · · · · · · · · |
| Address: | <u> </u> | <u>_</u> |
| Treasurer: | | |
| Address: | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional of | ficers and/or dire | ctors |
| She a time | | |
| (Signature of Director or Officer listed in number 12 of the applicat | ion) | <u> </u> |
| 14 SHANNON SANTIAGO PRES. | , | or manager |

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of RESERVATIONS REQUIRED INC. was filed on 04/13/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 01st day of February two thousand and six.



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