

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06564

1. Corporation Name

INTERVAL HOLDING COMPANY, INC.

Principal Place of Business

~~11595 KELLY ROAD~~
FT. MYERS FL 33908

Mailing Address

~~11595 KELLY ROAD~~
FORT MYERS FL
33

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

2. New Principal Office Address, If Applicable

~~7302 Lake Drive~~
Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip Country
33908 Lee

3. New Mailing Office Address, If Applicable

~~7302 Lake Drive~~
Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip Country
33908 Lee4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1982

SP

5. FEI Number

65-0316107

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TROWBRIDGE, KEITH W	11595 KELLY RD	FT MYERS FL 33908
			400003095394--3
			-01/12/00--01005--019
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

TROWBRIDGE, KEITH W

~~11595 KELLY ROAD~~
FT MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

7302 Lake Drive

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-20-99

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 furnished 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

12-20-99

Date

Daytime Phone #

941
454-1100