DO NOT WRITE IN THIS SPACE. **APPLICATION** FILED FLORIDA DEPARTMENT OF STATE FOR Jim Smith 97 JAN 21 AM 8:31 REINSTATEMENT Secretary of State FOR **DIVISION OF CORPORATIONS** Dreamscape Vacations, Inc. Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an 1. Name and Mailing Address of Corporation: DOCUMENT # J15422 amendment. DREAMSCAPE VACATIONS, INC. Address 110 South Hoover Boulevard Suite 117 Address 33609 Tampa, FL City and State 4. FEI Number ☐ FEI Number Applied For Date Incorporated or Qualified 5/21/86 To Do Business in Florida ☐ FEI Number Not Applicable 59-2672622 5. Names and Street Addresses of Each Officer and/or Director Street Address of Each Names of Officers and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City and State Title P/S/D 3606 W. Santiago Street Susan Wade Tampa, FL 33629 000002067430--5 01/24/97-01031-011 ****915.00 ****915.00 This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes (≥ No For intangible tax information call Department of Revenue 904-488-6800. 7. Name and Address of New Registered Agent REGISTERED AGENT INFORMATION Name 6. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Susan Wade 3606 W. Santiago Street Street Address (Do NOT Use P.O. Box Number) Tampa, FL 33629 City and State Zip Code FL 8 1, 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 9. 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 507.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as il made under oath. alle Dale 1/17/97 Signature of Officer or Director Susan Wade Typed or printed name of signing officer or director... 10. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

required for a Certitaate of Statos