

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 10 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82287

1. Corporation Name

Resorts Exchange International of America, Inc.

2. Principal Office Address

2 Palmetto Street

Suite, Apt. #, etc.

City & State

Wetlaka, FL

Zip

32193

Country

USA

3. Mailing Office Address

PO BOX 534

Suite, Apt. #, etc.

City & State

Wetlaka, FL

Zip

32193

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07-09-1987

5. FEI Number

592819470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

Thomas Arrigoni

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

140 Shell Harbour Rd.

Suite, Apt. #, Etc.

City

Satsuma

State

FL

Zip Code

32189

200030238172

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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

Thomas Arrigoni

Date

3-8-04

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
Pitriden	Thomas Arrigoni	140 Shell Harbour Rd.	Satsuma, FL 32189
Vice	Anthony Arrigoni	3137 McEwan View Circle	Orlando, FL 32812
President	Anthony Arrigoni	3137 McEwan View Circle	Orlando, FL 32812
Sec.	Anthony Arrigoni	3137 McEwan View Circle	Orlando, FL 32812
100% stockholder	Anthony Arrigoni	3137 McEwan View Circle	Orlando, FL 32812

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:

Thomas Arrigoni

Thomas Arrigoni

Date

3-8-04

Daytime Phone #

386-467-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)