

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J96293

1 Corporation Name

VACATION TRAVEL, INC

W99000008006

Principal Place of Business

Mailing Address

1100 Homestead Rd N

1100 Homestead Rd N

Lehigh Acres, FL 33936

LEHIGH ACRES, FL 33936

U.S.

U.S.

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified To Do Business in Florida

5 FEI Number

65-0031985

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

99 MAY 14 PM 1:22

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

900002885409--0

-05/25/99--01038--008

\*\*\*\*900.00 \*\*\*\*900.00

900002885409--0

-05/25/99--01038--008

\*\*\*\*150.00 \*\*\*\*150.00

10/08/1987

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

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	POWELL, HARRY C., JR.	1100 Homestead Rd N	LEHIGH ACRES, FL 33936
V	Goff, DAVID E.	Route 10	Sparta, TN
S	ANGLICKIS, RUTH A.	643 GRANDVIEW DRIVE	LEHIGH ACRES, FL 33936

REINSTATEMENT 97-99

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

POWELL, HARRY C., JR.

1100 Homestead Rd. N.

Lehigh Acres, FL 33936

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*H. C. Powell*  
REGISTERED AGENT MUST SIGN

Date 2-18-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax)

12 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99 - 941-369-5848

Date

Daytime Phone #