PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K10376

1. Corporation Name
ROYAL VACATION CLUB, INC.

2. Principal Office Address	3. Mailing Office Address
4041 Collins Ave	~~C/O M. LEFKOWITZ~~ 2990 ELAMINGO DRIVE
Suite, Apt. #, etc. C/O M. LEFKOWITZ	Suite, Apt. #, etc.
City & State MIAMI BEACH, FL	City & State ~~[illegible]~~ MIAMI BEACH, FC
Zip 33140 Country USA	Zip 33140 Country USA

REINSTATEMENT 11-19-00

4. Date Incorporated or Qualified To Do Business in Florida 1991 (?)

5. FEI Number 65-0020891 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

300003487733--9
-12/05/00--01070--015
****508.75 ****908.75

Name: MICHAEL LEFKOWITZ

Street Address (P.O. Box Number is Not Acceptable): 4041 COLLINS AVE

Suite, Apt. #, Etc:

City: MIAMI BEACH State: FL Zip Code: 33140

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: Michael [illegible] Date: 11/28/00
REGISTERED AGENT MUST SIGN

CR2E061 (6/98)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MOTTIE BOAZIZ	4041 COLLINS AVE	MIAMI BEACH/FL/33140
V.P/SEC'Y	MICHAEL LEFKOWITZ	4041 COLLINS AVE	MIAMI BEACH/FL/33140
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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: Michael [illegible] Date: 11/28/00 Daytime Phone # 305-531-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LEFKOWITZ