

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K76009**

1. Corporation Name

VALUE ADDED VACATIONS, INC.

Principal Place of Business

Mailing Address

7041 GRAND NATIONAL DR STE 236
ORLANDO FL 32819

7041 GRAND NATIONAL DR STE 236
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable

~~7083 Grand National Drive~~

Suite, Apt. #, etc.

~~Suite 102~~

City & State
~~ORLANDO FLORIDA~~

Zip Country
~~32819 USA~~

3. New Mailing Office Address, If Applicable

~~7083 Grand National Drive~~

Suite, Apt. #, etc.

~~Suite 102~~

City & State
~~ORLANDO FLORIDA~~

Zip Country
~~32819 USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1989

5. FEI Number

59-2952685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHEEHAN, SHEILA S.	1232 RIDGEWOOD ST 510 CHEROKEE DRIVE	ORLANDO FL , 32803

8. Name and Address of Current Registered Agent

SHEELAN, SHEILA S
1232 RIDGEWOOD ST
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

510 CHEROKEE DRIVE

Suite, Apt. #, Etc.

N/A

City

ORLANDO

State

FL

Zip Code

32803

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 X

REGISTERED AGENT MUST SIGN

Date X 10-15-01

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10-15-01

Date

(407) 373-4996

Daytime Phone #

CR2E040 (8/01)