

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

01 DEC 17 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L00000014202

1. Limited Liability Company's Name

Florida Vacation Ventures, LLC

2. Principal Office Address

104 N. Church Street

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

U.S.A.

3. Mailing Office Address

104 N. Church Street

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 11/15/2000

6. FEI Number

59-3709590

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

A.G.C. Co.

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

200 South Orange Avenue

Suite, Apt. #, Etc.

Suite 2300

City

Orlando

State

FL

Zip Code

32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

A.G.C. Co. by Kenneth C. Wright, as Vice President

Date 12/14/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Max P. Cawal	922 Chauncey Court	Ocoee, FL 34761

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 12/14/01

Daytime Phone # (407) 905-0110

Typed or printed name of signing Managing Member/Manager Max P. Cawal, Managing Member



20/2

ACCOUNT NO. : 072100000032
REFERENCE : 389376 4329479
AUTHORIZATION : Patricia P. [Signature]
COST LIMIT : \$ 155.00

ORDER DATE : December 17, 2001
ORDER TIME : 11:42 AM
ORDER NO. : 389376-005
CUSTOMER NO: 4329479
CUSTOMER: Ms. Jennifer A. Newcombe
Baker & Hostetler Llp
200 South Orange Avenue
Suite 2300
Orlando, FL 32801

DOMESTIC FILINGS

NAME: FLORIDA VACATION VENTURES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____

RECEIVED
01 DEC 17 PM 1:00
DIVISION OF CORPORATION