PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 14 AM 10:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED MAY 04 2005

DOCUMENT # L01000002151

1. Limited Liability Company's Name

ISLAND VACATIONS LLC

200056307262
06/17/05--01060--003 **255.00

2. Principal Office Address		**3.** Mailing Office Address	
8300 NW 33RD STREET		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
400 B			
City & State		City & State	
MIAMI FL			
Zip	Country	Zip	Country
33122	USA		

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida FEB 9, 2001

6. FEI Number 52-2326344 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

200056307262
07/14/05--01066--001 **50.00

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY — Date: 5/2/05
REGISTERED AGENT MUST SIGN

REINSTATEMENT 02-05

CR2E041 (10/02)

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
MGR VP	MICHAEL NORTON	2571 JARDIN PLACE	WESTON FL 33327
MGR VP	DAVID JENNER	5345 NW 49TH STREET	COCONUT CREEK FL 33073

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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: [signature] Date: 4/28/05 Daytime Phone # (305) 663-8289

Typed or printed name of signing Managing Member/Manager: DAVID JENNER