

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000009459

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009459

Name and Mailing Address

0011333 01 AT 0.292 **AUTO T2 2 0615 34747-220444

AMERICAN IDEAL VACATIONS, LLC

2844 DRIFTING LILLY LOOP

KISSIMMEE FL 34747-2204



2. New Mailing Address 7985 SEA PEARL CIRCLE		4. State/Country of Formation FL	
City, State, Zip KISSIMMEE FL 34747		5. Date Organized or Qualified To Do Business in Florida 04/19/2002	
Principal Place of Business 2844 DRIFTING LILLY LOOP KISSIMMEE FL 34747	3. New Principal Place of Business Address 7985 SEA PEARL CIRCLE	6. FEI Number 01-0699209	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City, State, Zip KISSIMMEE FL 34747		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TOROLA, PAUL M 2844 DRIFTING LILLY LOOP KISSIMMEE FL 34747		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7985 SEA PEARL CIRCLE City KISSIMMEE FL 34747	
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10. 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

Paul M. Torola
REGISTERED AGENT MUST SIGN

Date **12-19-2003**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PAUL M. TOROLA	7985 SEA PEARL CIRCLE	KISSIMMEE, FL 34747

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12/26/03-01004-013-**-155.00

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12. 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

Paul M. Torola

Date **12-19-2003**

Daytime Phone # **407-397-7058**

Typed or printed name of signing Managing Member/Manager

PAUL M. TOROLA