


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000013996			
1. Limited Liability Company's Name FLORIDA VACATION REALTY, LLC			
2. Principal Office Address - No P.O. Box # 3201 LINDFIELDS BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 3201 LINDFIELDS BLVD. Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34747	Country USA	Zip 34747	Country USA
4. State/Country of Formation FLORIDA / USA		5. Date Organized or Qualified to Do Business in Florida 02/10/2004	
6. FEI Number 20-0762728		Applied For Not Applicable	
7. CERTIFICATE OF STATUS OBTAINED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name: C/O JEFFREY P. MILHAUSEN, OSCA. MILNER, SOUTH & MILHAUSEN Street Address (P.O. Box Number is Not Acceptable) Gateway Center Date, Apt. #, Etc. 1000 Legion Place Suite 1200 Orlando 32801 City Orlando Orlando State FL Zip Code 32809			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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: <u>[Signature]</u> Date: 12-19-07 REGISTERED AGENT MUST SIGN			
10. Name and Street Address of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GRACE, DAN	3201 LINDFIELDS BLVD.	KISSIMMEE, FL 34747
			400112953554
			12/10/07 01004 002
REINSTATEMENT			\$200.00
11. I certify that I am managing member/manager of 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: <u>[Signature]</u> Date: 12-17-07 Daytime Phone # 863-424-4070 Typed or printed name of signing Managing Member/Manager: Dan Grace			

CR2E041 (1/07)