2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L0500003125				4.9		SECRETARY OF STATE DIVISION OF CORPORATIONS			
VACATIONS,	S, L.L.C.						O7 DEC 1	I PM 2: 20	
Principal Place of Business Mailing Address						'			
7517 SADDLE CREEK PLACE SARASOTA, FL 34241		7517 SADDLE CREEK PLACE SARASOTA, FL 34241			ļ	 		il 48 m 48188 imel illes im 2 0)	1 7 48) (A 3 63)
2. Principal Place of	of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				11202007	REIN-LLC	CR2E101 (1/07)
City & State		City & State			4. FEI Numb		 +	Applied For Not Applicable	
Žip 	Country	Zip Country		гу		5. Certificate	of Status Desired	□ \$5.00 A Fee Requi	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHAPNICK, BRUCE P ESQ JC					John	nson. Da	vid A Mgr		
ICARD, MERR 2033 MAIN ST SARASOTA, F		Street Address (P.O. Box Nun			P.O. Box Numb				
SAINGOTA, I	1 6 04231			City Sa	iraso	ota		FL Zip Co	ode 34241
 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 							th, in the State of Flo	orida. I am familiar wit	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$50.00 In accordance with s. 607.193 After January 1, 2008, Fee will be \$100.00 liability company did not recei				93(2)(b), F eive the p	F.S., the	, the limited Make check payable to notice. Florida Department of State			
9.	MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS,	/CHANGES	
TITLE MG	GR	☐ Delete	TITLE		Mgr		•	Change	e
NAME JOH	DHNSON, DAVID A MGR		NAME	: 1		neon Da	vid A Mgr		
	S17SADDLE CREEK PLACE ARASOTA, FL 34241			ST-ZIP	7517	7 Saddle	Creek Pla	ce	
	GRM	☐ Oelete	TITLE		para	isota, F	L 34241	Change	Addition
STREET ADDRESS 751	INKER, RENEE L MGRM 517 SADDLE CREEK PLACE				900113158519 12714707—0047-514***\$0.00				
TITLE	1010017,12 01211	☐ Delete	TITLE					Change	Addition
NAME		LJ Delete	NAME						,
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE	_ _	☐ Delete	TITLE					☐ Change	Addition
NAME STREET AUDRESS			NAME	ET ADDRESS					ı
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	e 🔲 Addition
STREET ADDRESS				ET ADDRESS					
(Y-ST-ZIP			CITY-	ST-ZIP					
[LE		☐ Delete	TITLE					Change	Addition
7			NAME						
ME TREET ADDRESS CITY-ST-ZIP	\sim		STREE	ET ADDRESS ST-ZIP	KE	INSTA	TEMENT.	2007	
ME TREET ADDRESS OCITY-ST-ZIP	fy that the information supplied with the	his filing does not qualify for	STREE	ST-ZIP	ntained i	n Chapter 119.	Florida Statutes, I fu	urther certify that the in	formation
ME TREET ADDRESS OCITY-ST-ZIP	fy that the information supplied with it his report is true and accurage and th y company or the eceiver of trustee of	his filing does not qualify for hat my signature shall have the empowered to execute this f	STREE	ST-ZIP	ntained i	n Chapter 119.	Florida Statutes, I fu	urther certify that the in	oformation ger of the