


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L50672**

1. Corporation Name

PREMIER VACATIONS, INC.

Principal Place of Business

Mailing Address

**6177 LAKE ELLENOR DR.
ORLANDO FL 32809-
US**

**6177 LAKE ELLENOR DR.
ORLANDO FL 32809
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1781 Park Center Dr.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

1781 Park Center Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32835

Country

Orange

Zip

32835

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1990

5. FEI Number

59-3039840

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AT	MORISON, T. LINCOLN- Butte, Eric P.	6177 LAKE ELLENOR DR. 1781 Park Center Dr.	ORLANDO FL 32809 32835
VD	GISPANSKI, THOMAS J Young, Lawrence E.	6177 LAKE ELLENOR DR. 1781 Park Center Dr.	ORLANDO FL 32809 32835
T	BROWN, KEITH J Johnston, David C.	6177 LAKE ELLENOR DR. 1781 Park Center Dr.	ORLANDO FL 32809 32835
S	RICHMOND, STEPHEN M Campbell, John M.	6177 LAKE ELLENOR DR. 1781 Park Center Dr.	ORLANDO FL 32809 32835
PD	FREY, CHARLES C- Rayburn, Gregory F.	6177 LAKE ELLENOR DR. 1781 Park Center Dr.	ORLANDO FL 32809 32835
			200004721282--2 -12/12/01--01081--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

Date

11/15/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Campbell

Date

Daytime Phone #

407-532-1000