
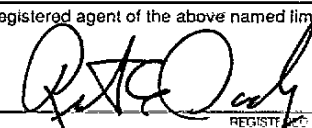
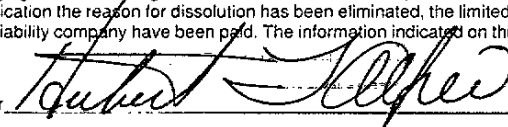


M97000000676

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 JAN -4 PM 4:47	
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M97000000676</b> Great Vacations International of Palm Beach Shores LLC One Bala Avenue, Ste 300 Bala Cynwyd, PA 19004 <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				1a. Principal Place of Business Address	
2 Principal Place of Business Palm Beach Shores Resort <small>Suite, Apt. #, etc.</small> 181 Ocean Ave, Ste 615 <small>City &amp; State</small> Palm Beach Shores, FL <small>Zip</small> 33404 <small>Country</small> USA		2a. Mailing Address <small>Suite, Apt. #, etc.</small>  <small>City &amp; State</small>  <small>Zip</small>  <small>Country</small>  		3. Date Organized or Qualified 5/29/99 3a. State of Formation DE 4. FEI Number 58-2327143 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report  6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  Robert E. Dady 200 South Biscayne Blvd Miami, FL 33131			8. Name and Address of New Registered Agent <small>Name</small>  <small>Street Address (P.O. Box Number is Not Acceptable)</small>  <small>Suite, Apt. #, etc.</small>  <small>City</small> FL <small>Zip Code</small> 33131		
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  Date <u>12-30-98</u> <small>REGISTERED AGENT MUST SIGN</small>					
10. Title Member Bert Blicher member Herb Alfrey		Managing Members/Managers One Bala Avenue, Ste 300 Suite 400 220 Byron, SW		Business Street Address Bala Cynwyd, PA 19004 Grand Rapids, MI 49503 3000002746863-4 -01/19/99-01150-004 ***688.75 ***688.75 <b>REINSTATEMENT 1998</b>	
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  Date <u>12-29-98</u> Daytime Phone # <u>610-664-3322</u> Typed or printed name of signing Managing Member/Manager					