PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 NOV 13 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000624

1. Corporation Name

OCEAN WALK VACATION OWNERSHIP ASSOCIATION, INC.

REINSTATEMENT 02

2. Principal Office Address	**3.** Mailing Office Address
RESORT MANAGER 300 N. Atlantic Avenue	300 N. Atlantic Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32118 Country: USA	Zip: 32118 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: January 26, 2001

5. FEI Number: None — ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

200008966602
11/13/02--01043--006 **35.25

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Carol K. Dolor, Asst. Vice President — Carol K Dolor
REGISTERED AGENT MUST SIGN

Date: NOV 12 2002

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	ALEXANDER B. FOGEL	6 SYLVAN WAY PARSIPPANY, NJ	PARSIPPANY, NJ 07054
DVP	BILL ARMBRUSTER	6 SYLVAN WAY	PARSIPPANY, NJ 07054
DST	JOHN ALVAREZ	6 SYLVAN WAY	PARSIPPANY, NJ 07054

10. 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: Alexander B Fogel — 10/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #