

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000000624

1. Corporation Name

Ocean Walk Vacation Ownership Association, Inc.

2. Principal Office Address

300 N. Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State:

Daytona Beach, FL

City & State

Zip

32118

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 AgentPETER F. SOUZA
ASSISTANT SECRETARY

Date

10/28/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	William E. Armbruster	8427 South Park Circle; Suite 500	Orlando, FL 32819
D/V	Charles Monserrat	8427 South Park Circle; Suite 500	Orlando, FL 32819
D/S	Todd Race	300 North Atlantic Avenue	Daytona Beach, FL 32118

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 807.3401 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)(j), 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

Date

Daytime Phone #

10/3/03 407 341 6622

2/11/9