

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001880

1. Corporation Name

FLORIDA VACATION RENTAL MANAGERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

8846 CURRY FORD RD.
ORLANDO FL 32822

PO BOX 720684
ORLANDO FL 32872-0684
US



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1994

(P.O. Box 5)
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

5. FEI Number

59-3255457

Applied For

Not Applicable

1648 Periwinkle Way
City & State
Sanibel, Florida

CITY & STATE
SAME

Zip
33957

Country
USA

Zip
SAME

Country
SAME

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	PALMER, GARY WILLIAMS, ALLEN C.	8846 CURRY FORD RD. 1648 Periwinkle Way	ORLANDO FL 32822 Sanibel, Fl. 33957
DV	CRAUL, BRUCE	PO BOX 30, 35000 EMERALD COAST P	DESTIN FL
DST	BROOKS, CANDEE JONES	9521 S ORANGE BLOSSOM TR	ORLANDO FL
D	MOODY, GENE	701 CAROLINE ST.	KEY WEST FL 33040
D	HOWIE, R. BRENTON	1700 MCMULLEN BOOTH RD, B-5	CLEARWATER FL
D	WILLIAMS, AL	P.O. BOX 5 (N/A)	SANIBEL ISLAND FL 33957

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~A.G.C. CO.~~
~~200 SOUTH ORANGE AVE.~~
~~SUITE 2300~~
~~ORLANDO FL 32801~~

Name

Allen C. Williams

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

1648 Periwinkle Way

Suite, Apt. #, Etc.

000002364850-4

City

Sanibel

12/05/97

State

01113-009

***236

Zip Code

33957-25

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 *Allen C. Williams*

REGISTERED AGENT MUST SIGN

Date 11-12-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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: *Allen C. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-97

Date

941-472-4113

Daytime Phone #

CR25040 (8/97)