PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN 18 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700083434477
01/25/07--01009--026 **61.25

DOCUMENT # N94000005201

1. Corporation Name

Bella Vista Interval Ownership, Inc.

~~1W07-1192~~

REINSTATEMENT 06-07

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
939 Wynhaven Lane	939 Wynhaven Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ballwin, MO	City & State: Ballwin, MO
Zip: 63011 Country: U.S.A.	Zip: 63011 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 10/18/1994

5. FEI Number: 593346361 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Derek A. Schroth, Esq., Bowen Radson Schroth, P.A.

Street Address (P.O. Box Number is Not Acceptable): 600 Jennings Avenue

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01/05/07--01053--012 **245.00

Suite, Apt. #, Etc.

City: Eustis | State: FL | Zip Code: 32726

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: Derek A. Schroth Date: 1-16-06

REGISTERED AGENT MUST SIGN

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
PD	Phillip Lee	888 Lakeridge Ct.	Aurora, IL 60504
SD	Dong Wong Cho	939 Wynhaven Lane	Ballwin, MO 63011
D	Candida A. Garbe	559 Brimming Lake Rd.	Minneola, FL 34715
D	William T. Garbe	559 Brimming Lake Rd.	Minneola, FL 34715

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 contained in Chapter 119, 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: Phillip Lee 12/1/06 312 9333929

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

1/19 ew