## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDÁ DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 01 NOV -2 PM 2: 08 N96000006065 **DOCUMENT #** 1. Corporation Name SECHETARY DE STATE TALLAHASSEE FLORIDA RVS-ORLANDO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4310 PARADISE ROAD 4310 PARADISE ROAD LAS VEGAS NV 89109 LAS VEGAS NV 89109 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 12/02/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 86-0855260 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip PD MCMURTRIE, GREGG A 4310 PARADISE ROAD LAS VEGAS NV 89109 TD BALTUSKONIS, CHARLES G 4310 PARADISE ROAD LAS VEGAS NV 89109 **VPSD** MCELROY, VICTOR A 4310 PARADISE ROAD LAS VEGAS NV 89109 30000469554**3**\*\* -11/27/01--01073--001 \*\*\*2250.00 \*\*\*\*236.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, Etc.

11. 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 filling 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.

City

BABARA A. BURKE

SIGNATURE:

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.

Olara a Curko Special assistant secretary

10/31/0/ 702-737-36/5 Date Daytime Phone #

State Zip Code

## RVS - ORLANDO CONDOMINIUM ASSOCIATION, INC. As of October 2001

## Officers:

Gregg A. McMurtrie, President Victor A. McElroy, Vice President and Secretary Charles G. Baltuskonis, Treasurer

## Directors:

Gregg A. McMurtrie, President Victor A. McElroy, Vice President and Secretary Charles G. Baltuskonis, Treasurer

NOTE:

All officers / directors located at:

4310 Paradise Road Las Vegas, NV 89109