

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETE

APPROVED  
AND  
FILED


1/2

05 JUN 20 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W

REINSTATEMENT 03-05

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P00000043569</u>			
<b>1. Corporation Name</b> <u>Vacation Shoppe, Inc</u>			
<b>2. Principal Office Address</b> <u>72 EMERALD CT</u>		<b>3. Mailing Office Address</b> <u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Satellite Beach, FL</u>		City & State	
Zip <u>32937</u>	Country <u>USA</u>	Zip	Country

<b>REINSTATEMENT</b>	
<u>W05000026764</u>	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>4/20/01</u>	
<b>5. FEI Number</b> <u>59-3648642</u>	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name <u>Sherry L. Kennedy / Corporation Service Co</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>72 Emerald Ct / 1201 Hags Street</u>	
Suite, Apt. #, Etc. <u>Tallahassee</u>	
City <u>Satellite Beach</u>	State <u>FL</u>
	Zip Code <u>32901-2525</u>

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 Sherry L. Kennedy  
REGISTERED AGENT MUST SIGN

Date 5-1-05

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
<u>PRESIDENT</u>	<u>Sherry L. Kennedy</u>	<u>72 EMERALD CT SATELLITE BCH FL</u>	<u>32937</u>

400056355744  
06/20/05--01077--002 \*\*\$50.00

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: Sherry L. Kennedy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05 321-777-6366  
Date Daytime Phone #

CR2E081 (01/05)

# Vacation Shoppe, Inc.

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June 17, 2005


RE: REINSTATEMENT

To Whom It May Concern:

Regarding year 2003, please waive the reinstatement fee for the Vacation Shoppe, Inc. I did not receive any of the prior Annual Report notices for 2003. Please check your files and note that the 2<sup>nd</sup> notice was returned to your office.

I have included with this mailing the corrected form.

Thank you very much.

  
Sherry Kennedy  
President