

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 AUG -8- PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000060757

1. Corporation Name

Vacation Insurance Products, INC

2. Principal Office Address

215 Celebration PL

Suite, Apt. #, etc.

250

City & State

Celebration, FL

Zip

34747

Country

USA

3. Mailing Office Address

215 Celebration PL

Suite, Apt. #, etc.

250

City & State

Celebration, FL

Zip

34747

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/00

5. FEI Number

59-3661995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Edwin H. McMullen, Sr

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

215 Celebration PL

Suite, Apt. #, Etc.

Suite 250

City

Celebration

State

FL

Zip Code

34747

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

*[Signature]*

Date 8/6/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Edwin H. McMullen, Sr	9154 Great Heron Circle	Orlando-FL 32836
Dir.	Edwin H. McMullen, Jr	7328 Woodglan Court	Orlando FL 32835
Dir	Malcolm McMullen	3580 Country Est. Dr.	Kennesaw GA 30152

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03

Date

(321) 939-4770

Daytime Phone #

CR2E081 (10/02)