

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6F2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # P00000066369

1. Corporation Name

VACATION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3000 UNIVERSITY DR Suite E  
CORAL SPRINGS FL 33065

3000 UNIVERSITY DR Suite E  
CORAL SPRINGS FL 33065



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

07/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1022818

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPTS	PECK, LORI	3000 N. University Dr. Suite E	CORAL SPRINGS FL 33065
			900004785209--1 -01/18/02--01072--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PECK, LORI

3000 N UNIVERSITY DR Suite E  
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

X [Signature]  
REGISTERED AGENT MUST SIGN

Date

12-9-01

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-9-01 954-346-7288

CR2E040 (8/01)

20fz

M A S  
3000 N UNIVERSITY DRIVE  
SUITE E  
CORAL SPRNGS, FL 33065  
Tel # 954-346-7288  
Fax # 954-346-7217

December 10, 2001

Uniform Business Report Filing  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: UBR/P00000066369/VACATION ASSOCIATES, INC.

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing/reinstatement. The client did not receive the UBR until now; it was delivered to our old P O Box (MAS) the address outside of the envelope, which is different from the mailing address, (and is incorrect) in the Department of State UBR form.

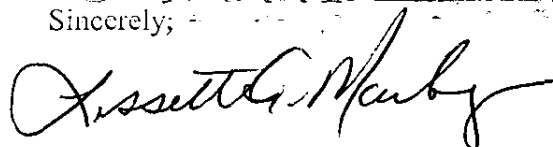
It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely;



Lissette A Mawby  
For Aquariums by the Sea, Inc.  
Enc.