

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -5 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

1. Corporation Name

P000000069689
Florida Reservations, Inc.

2. Principal Office Address

655-1 West Fulton St.

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771

Country

U.S.A

3. Mailing Office Address

PO Box 941990

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32794

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

8-1-00

5. FEI Number

59-3657837

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

Jason Giza

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

1016 Providence Ln.

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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]

REGISTERED AGENT MUST SIGN

Date

5-11-02

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
<i>CEO.</i>	<i>Jason Giza</i>	<i>1016 Providence Ln.</i>	<i>Oviedo, FL 32765</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Giza

Date

5-11-02

Daytime Phone #

(407) 619-2900

CR2E081 (9/01)