

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -5 AM 11:48

DOCUMENT #

1. Corporation Name

American Exclusive Golfing +
Vacations Management, Inc
P00000077620

2. Principal Office Address

3367 W. Vine St

Suite, Apt. #, etc.

203

City & State

Kissimmee FL

Zip

34741

Country

USA

3. Mailing Office Address

3367 West Vine Street

Suite, Apt. #, etc.

203

City & State

Kissimmee FL

Zip

34741

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/2000

5. FEI Number

59-3675789031012

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

Chantelle Halim

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

3367 West Vine St, Kissimmee, FL

Suite, Apt. #, Etc.

203

City

Kissimmee

0000004724140 -- 1

-12/13/01-01019-008

****158.75 ****158.75

State

FL

Zip Code

34741

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

Chantelle Halim

REGISTERED AGENT MUST SIGN

Date Dec 4th 2001

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
President	Chantelle Halim	179 New Mexico Lane, Kissimmee, FL	Davenport FL 34741

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:

Chantelle Halim

12/4/01 4079310325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

American Exclusive Golfing & Vacations Management Inc.
3367 West Vine St. NO.203
Kissimmee Fl 34741
PH: 407-931-0325
Fax: 407-931-0383

December 4, 2001

Dear Madam

Further to today's telephone conversation with you. I am enclosing the completed form and a check for the above company, plus I have added the fees for the above company

I apologize for any inconvenience we have never received any renewal papers of the corporation.

I have put our new office address on the forms our previously address was 5401 South Kirkmand Rd. Orlando Fl 32819.

Please do not hesitate to contact us if I can be of any further assistance.

Sincerely yours



Chantelle Halim
President