

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092813

1. Corporation Name

FOUR SEASONS VACATIONS & MANAGEMENT, INC.

Principal Place of Business

1106 WEST OAK STREET
SUITE "B"
KISSIMMEE FL 34744

Mailing Address

P.O. BOX 422243
KISSIMMEE FL 34742



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

600 N. Thacker Ave

Suite, Apt. #, etc.

Suite C-17

City & State

Kissimmee FL

Zip

34741

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 422243

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

59-3673843

Applied For

Not Applicable

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VST VST	MALASPINA, DONNA	2826 OSPREY COVE PLACE, #203 600 N. Thacker Ave C-17	KISSIMMEE FL 34741
P	Darren Browning	600 N. Thacker C-17	Kissimmee FL 34741

100009176651
11/22/02--01087--012 **150.00

8. Name and Address of Current Registered Agent

MALASPINA, DONNA
2826 OSPREY COVE PLACE #203
KISSIMMEE FL 34746

9. Name and Address of New Registered Agent

Name

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

1991 Willow Wood Dr

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10/31/02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

407 709 2219

Daytime Phone #

CR2E040 (8/02)



November 18, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P00000092813 Reinstatement – Four Seasons
Vacations & Management, Inc.

To Whom It May Concern:

Please find enclosed payment of \$150.00 for our 2002 Annual
Report/UBR along with the Application for Reinstatement. The
original application was not received by us.

Thank you for your cooperation in this matter.

Sincerely,

Donna Malaspina
Vice President

600 N. Thacker Avenue
Suite C-17
Kissimmee, FL 34741

Telephone (407) 935-0844
Facsimile (407) 935-0341
Toll Free (866) 935-1079
Seasons@kua.net

Darren Browning
President

Donna Malaspina
Vice President

Four Seasons Vacations & Management, Inc.