PLEASE ... INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -7 AM 11:51

DOCUMENT # P00000096907

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04/16/04--01069--010 **600.00

REINSTATEMENT 01-04 MRS

1. Corporation Name

VIP ORLANDO INC.

2. Principal Office Address	3. Mailing Office Address
851 EAST STATE RD.434	683 Tuscora Drive
Suite, Apt. #, etc.: # 140	Suite, Apt. #, etc.:
City & State: Longwood Florida	City & State: Winter Springs Florida
Zip: 32750 Country: Seminole	Zip: 32708 Country: Seminole

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/2000

5. FEI Number: 59-3677879 ☐ 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: Richard F. Johnson

Street Address (P.O. Box Number is Not Acceptable): 683 Tuscora Drive

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Suite, Apt. #, Etc.:

City: Winter Springs State: FL Zip Code: 32708

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: Richard F. Johnson REGISTERED AGENT MUST SIGN Date: 4/06/04

CR2E081 (01/04)

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
P/S	Richard F. Johnson	683 Tuscora Drive	Winter Springs Fl 32708
VP/T	Richard J. Badalucca	903 Red Bird Lane	Altamonte Springs Fl 32701

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: Richard J. Badalucca, VP 321-377-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #