

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 31 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101097

1. Corporation Name

BRACOL STYLE OF VACATION CO.

000004765620--2

-01/10/02--01081--027

****750.00 ****750.00

2. Principal Office Address

6825 VISITORS CIRCLE
ORLANDO FL 32819

Suite, Apt. #, etc.

3. Mailing Office Address

6825 VISITORS CIRCLE
ORLANDO FL 32819

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

Zip

32819

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3679255

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

RUBEN D. TORO

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

7345 SAND LAKE RD.

Suite, Apt. #, Etc.

204

City

ORLANDO

State

FL

Zip Code

32819

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]

Date

12/27/01

REGISTERED AGENT MUST SIGN

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
PSD	PEREIRA, ROSANA	6825 VISITORS CIRCLE	ORLANDO FL 32819
VTD	ASTRAUSKAS, LUCIA I.	6825 VISITORS CIRCLE	ORLANDO FL 32819

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2001

Date

(407) 226-7292

Daytime Phone #