

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 APR 26 AM 9:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000101634**

1. Corporation Name

ULRICH SUNSHINE VACATIONS, INC.

Principal Place of Business

Mailing Address

2137 SE 5TH COURT
 CAPE CORAL FL 33990

2137 SE 5TH COURT
 CAPE CORAL FL 33990



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cape Coral, FL

Zip

Country

Zip

Country

33904

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/27/2000

5. FEI Number

65-1106938

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ULRICH, KLAUS	FINKENWEG 1 76351	LINKENHEIM GERMANY
D	ULRICH, GABRIELA	FINKENWEG 1 76351	LINKENHEIM GERMANY
			400005493284--9 -05/09/02--01008--031 ****600.00 ****600.00
			400005493284--9 -05/09/02--01008--030 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
 1105 CAPE CORAL PKWY STE C
 CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

CR2E040 (8/01)

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.

Signature of Registered Agent

Christine F Wright
 REGISTERED AGENT MUST SIGN

Date

11/14/01

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:

G. Ulrich

GABRIELA ULRICH

11/00, 2001

941 772 7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #