

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 11 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113121

1. Corporation Name

VACATION KEY CORP.

2. Principal Office Address

3471 S.W. 59th St

3. Mailing Office Address

3471 S.W. 59th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale. FL

City & State

Fort Lauderdale FL

Zip

33312

Country

USA

Zip

33312

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

651061044

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

VIVIANE DUPAS

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

3471 S.W. 59th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

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

Viviane Dupas PSTD

Date 01/10/2005

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
PSTD	Viviane Dupas	3471 S.W. 59th Street	Fort Lauderdale Fl. 33312

800045027308

01/19/05--01044--021 **300.00

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:

Viviane Dupas PSTD 01/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-559-9097

Daytime Phone #

January 10, 2005.

CORPORATION REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PLEASE WAIVE THE \$600.00 FEE. THE REGISTERED AGENT, REJEAN LEDUC, THE ONE HE WAS TAKING CARE OF OUR DOCUMENTATION, WENT IN JAIL, AND WE DIDN' T KNOW HE DIDN' T TAKE CARE OF THE DOCUMENTATION REPORT.

PLEASE, YOU CAN CALL ME AT 954-559-9097 FOR ANY QUESTIONS

THANK YOU

Viviane Dupas
VIVIANE DUPAS
VACATION KEY CORP.
3471 S.W. 59 TH STREET
FORT LAUDERDALE, FL. 33312