PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN 30 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000028904

1. Corporation Name
VACATION MAKERS AND CONSULTING GROUP , INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
7320 NW 44 COURT	7320 NW 44 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL, FLORIDA	City & State: LAUDERHILL, FLORIDA
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/21/2001

5. FEI Number: NONE

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: LOBBAN, NORMAN A.

100011184201
01/29/03--01073--001 **150.00

Street Address (P.O. Box Number is Not Acceptable): 7220 NW 44 COURT

100011184201
01/29/03--01073--002 **750.00

Suite, Apt. #, Etc.:

City: LAUDERHILL State: FL Zip Code: 33319

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: _____ Date: 1/27/03
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
PD	GREEN, CARL	7320 NW 44 COURT	LAUDERHILL, FLORIDA 33319
VD	GREEN, RUPERT	7320 NW 44 COURT	LAUDERHILL, FLORIDA 33319
SD	WILKERSON, D'END	7320 NW 44 COURT	LAUDERHILL, FLORIDA 33319

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 whe 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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gr 1/31