1/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056591

1. Corporation Name

Emerald Vacations, Inc.

REINSTATEMENT 02-05
MRD

2. Principal Office Address	**3.** Mailing Office Address
1635 NW 51st Pl	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 115	—
City & State	City & State
Fort Lauderdale, FL	—
Zip / Country	Zip / Country
33309 / USA	— / —

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65 112 5379 ☐ 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: Jimmy A. Maldonado

Street Address (P.O. Box Number is Not Acceptable): 1635 NW 51st Pl

900047931489
03/08/05--01026--023 **600.00

Suite, Apt. #, Etc.: # 115

City: Fort Lauderdale | State: FL | Zip Code: 33309.

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: Maldonado
REGISTERED AGENT MUST SIGN

Date 02/22/05

CR2E081 (01/05)

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	Jimmy Maldonado	1635 NW 51st Pl # 115	Fort Lauderdale, FL.

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: Maldonado — 02/22/05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Jan 22nd, 2005

Florida Department of State
Secretary of State
Division of Corporations.

Dear Sir (Mrs).:

With this letter I am requesting a waiver of fees for the Corporations "Emerald Vacations, Inc" P01000059591 and "Emerald Airways, Inc", Corporations that on P98000092030 the date of today I am reactivating.
The reason of the request is that I did not received the annual report from the year 2,002.

Thanks,

Jimmy A. Maldonado
President