

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078442

1. Corporation Name

Absolute Reservation Center,
Inc.

2. Principal Office Address

PMB# 205, 145 S. Orlando

Suite, Apt. #, etc.

Suite # 8

City & State

Maitland, FL

Zip

32751-5634

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8/02

5. FEI Number

593744928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Kathleen M. Paganelli

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

4740 Nebraska Ave.

300027545933
01/26/04--01016--013 **908 75

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

KM Paganelli
REGISTERED AGENT MUST SIGN

Date

1/20/04

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
pres	Tiffane Jordan	738 E. Warren	Longwood, FL 32750
v-pres	J.R. Repede	804 Seneca Meadows	Winter Springs, FL 32708
sec/tres.	Kathleen Paganelli	4740 Nebraska Ave.	Sanford, FL 32771

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:

KM Paganelli, Kathleen M. Paganelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/04

Daytime Phone #

407-660-9995
X1048

CR2E081 (10/02)