

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 1 of 2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 14 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000079374

1. Corporation Name

Vacation Depot, Inc

2. Principal Office Address

3. Mailing Office Address

2235 S. Woodland Blvd

'same'

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Melnd, Fla

Zip

Country

Zip

Country

32720

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2001

5. FEI Number

59-3738394

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

Anthony T Coiro

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

1406 Anderson Street

Suite, Apt. #, Etc.

City

Deltona, FL 32725

State
FL

Zip Code

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

AT Coiro

Date 10/22/02

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
CEO	Marvin Israel	535 W. Minnesota Deltona Fla	32720
PRES	A.T. COIRO	1406 Anderson St	Deltona, Fla 32725
V.P.	R. Velez	" " "	" " "

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:

A.T. COIRO AT Coiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 386-740-0603

Date

Daytime Phone #

CR2E081 (9/01)

Vacation Depot

Where Your Vacation Dreams Come True

pg 2 of 2

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314-6327

October 24, 2002

Re: Reinstatement of Corporation

To Whom It May Concern:

I became Executive Vice President of Vacation Depot Inc. August of this year and have been responsible for the administration duties since August 2001. I have not received any correspondence from your office throughout this year.

As a result of our not receiving the prior uniform business report (URB) notices, I request waiver of the penalty. I am attaching a check for \$150.00 and appreciate your understanding in this matter.

Sincerely yours,



Regina Velez
Executive Vice President

rv/cs