PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000093862

1. Corporation Name

ORCA VACATION HOMES INC

Principal Place of Business

115 SOUTH ROMA WAY MISSIMMES EL 24746

Mailing Address

170 FREEBORN ST STATEN ISLAND NY 10306 FILED

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SECRETARY OF STATE

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.								THE REAL PROPERTY.
2. New Principal Office Address, If Applicable 3. New Mailing Office Address 4.178 Suite, Apt. #_etc.				Applicable #178		Date Incorporated or Qualified To Do Business in Florida 09/25/2001		
12179 5 apopka-Vinekud kd12179			5. apopta-Vineland Rd.		5. FEI Number		Applied F	-or
City & State Or /a Vdo, 74. City & State Or /a			3 / 04		22-3830341		Not Appli	
Zip 3 2 8 3 6 Country Zip 3 2 8			36 Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors			eet Address of Each ficer and/or Director		City/S	tate / Zip	
D	D'SARONNO, ANDINO		170 FREEBORN 12179 S. ap	ST goka - Vinelaw	d Rd. # 178	STATEN ISLAND NY 10	308 H. 328:	36
D	D'SARONNO, RAQUEL		170 FREEBORN	opka - Vinelaw 37 opka - Vinelaw	d Rd. #178	STATEN ISLAND NY 10	306 76. 328	36
						D0239870 0301141023	81 · ·	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
DISADONNO PAOLIEI					aronno KA Ove 1			
12179 S. APOPKA-VINELAND RD.				Street Address (P.O. Box Number is Not Acceptable) 12/19 5. apo PKa - Vine land Rd.				
# 148 Suite, A					- 170	,		10
ORLAN	DO FL 32836	City rando, State Zip Code 3283				36		
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar w	ith and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.050)5, F.S.	Ì
Signature of Registered Agent Date 10/16/2003 REGISTERED AGENT MUST SIGN								
	that I am an officer or director or the receistatement application, the reason for disso							

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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orca Vacation Homes, Inc.

Luxury Vacation Homes in Orlando, FL www.orcavacationhomes.com (800)910-6722

October 16, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Orca Vacation Homes (URB Report, reinstatement)

To Whom It May Concern:

Please be advised, that this company or any person has received at anytime before, any notices for the URB report to be file.

Please reinstate our company and update your records. Also please accept this letter as a request for reinstatement and notice that we never received any documentation or notices to file prevouis report.

Thank you,

Raquel D'Saronno Director Orca Vacation Homes Inc. 12179 S. Apopka-Vineland Rd. #178 Orlando, FL 32836