

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 22 AM 8:18

DOCUMENT # P02000074953

1. Corporation Name

Amber Vacations II

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 03-04

900037569899  
06/02/04--01013--011 \*\*\*750.00

2. Principal Office Address

7078 NW 71st Terrace

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland, FL

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

7/09/2002

5. FEI Number

51-0461769

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Kathleen Neleman

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

7078 NW 71st Terrace

Suite, Apt. #, Etc.

City

Parkland

State  
FL

Zip Code  
33067

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

*Kathleen Neleman*

REGISTERED AGENT MUST SIGN

Date

5/26/04

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
DPVS	Kathleen Neleman	7078 NW 71st Terrace	Parkland, FL 33067
T	Kathleen Neleman	7078 NW 71st Terrace	Parkland, FL 33067

900037569899  
07/22/04--01054--001 \*\*\*158.75

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:

*Kathleen Neleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/26/04

Daytime Phone #

CR20081 (01/04)