

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000129647

FILED
Mar 29, 2005
Secretary of State

Entity Name: RESORT RENOVATION SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 690507
ORLANDO, FL 32869

New Principal Place of Business:

1005 W OAKRIDGE RD SUITE 1
ORLANDO, FL 32809

Current Mailing Address:

1130 E DONEGAN AVE STE 9
KISSIMMEE, FL 34744

New Mailing Address:

1005 W OAKRIDGE RD SUITE 1
ORLANDO, FL 32809

FEI Number: 56-2310122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVAREZ, LUIS R
1130 E DONEGAN AVE STE 9
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

TAVAREZ, LUIS R
1005 W OAKRIDGE RD SUITE 1
ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUIS R TAVAREZ

03/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MENDEZ, ARNALDO
Address: 1130 E DONEGAN AVE STE 9
City-St-Zip: KISSIMMEE, FL 34744

Title: P (X) Delete
Name: TAVAREZ, LUIS R
Address: P.O. BOX 690507
City-St-Zip: ORLANDO, FL 32869

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAVAREZ, LUIS R
Address: 1005 W OAKRIDGE RD SUITE 1
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS R TAVAREZ

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date