

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO200013552
1. Corporation Name CENTRAL FLORIDA
VACATIONS

2. Principal Office Address
43804
Suite, Apt. #, etc.

3. Mailing Office Address
US 27
Suite, Apt. #, etc.

City & State
DAVENPORT FL
Zip 33837 Country POIK

City & State
FL
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 12-31-02
5. FEI Number PO200013552 Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name DON BAKER
Street Address (P.O. Box Number is Not Acceptable) 500 GRACE AVE
Suite, Apt. #, Etc. 500033539225
City HAINES CITY State FL Zip Code 33844
04/22/04--01023--008 **300.00

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 [Signature] Date 4-20-04
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
<u>OWNER</u>	<u>DON BAKER</u>	<u>500 GRACE AVE</u>	<u>HAINES CITY, FL 33844</u>

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: [Signature] Date 4-20-04 Daytime Phone # 863-221-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

TO WHOM IT MAY CONCERN:

I STARTED THE CORP AT THE BEGINNING
OF THE YEAR 2003. THE COMPANY'S
NAME IS CENTRAL FL. VAC. THE
STATE WENT DOWN HWY 27 AND
CHANGED ALL THE ADDRESS #'S OF
THE BUSINESS. MY ADDRESS WAS:

5215 US 27 N

DAVENPORT FL. 33837

MY NEW ADDRESS IS:

43804 US 27

DAVENPORT FL. 33837

IN SEP OR OCT 2003 I GOT A
LETTER SAYING THE CORP HAD
BEEN DISSOLVED DUE TO NOT PAYING
SOME MONEY OR FEE. THIS WAS THE
1ST LETTER I HAD GOTTEN. SO I
CONTACTED YOU AND WAS TOLD TO SEND
\$300 AND YOU GUYS WOULD REVIEW IT,
AND REINSTATE MY CORP.

IF YOU HAVE ANY QUESTIONS
PLEASE FEEL FREE TO CALL ME

Ⓢ DON BAKER

863-221-6801

THANKS 

CENTRAL FLORIDA VACATIONS, INC.
ATTN: DON BAKER
43804 U.S. HWY. 27
DAVENPORT, FL. 33837

Request taken by: kashton
03-26-2004

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314