


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 APR 13 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000025262

1. Corporation Name

Vacation Rentals Everywhere

2. Principal Office Address 13547 Ventura Blvd		3. Mailing Office Address 13547 Ventura Blvd	
Suite, Apt. #, etc. Suite # 177		Suite, Apt. #, etc. Suite # 177	
City & State Sherman Oaks, Ca		City & State Sherman Oaks, CA	
Zip 91423	Country US	Zip 91423	Country US

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida 3/04/2003

5. FEI Number
35-2200431

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
Judy Robbins

Street Address (R.O. Box Number is Not Acceptable)
4040 Galt Ocean Drive

Suite, Apt. #, Etc.
#818

City
Fort Lauderdale

State
FL

Zip Code
33308

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



REGISTERED AGENT MUST SIGN

Date 4-4-06

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
P/T/S	Judy Robbins	4040 Galt Ocean Drive #818	Fort Lauderdale, FL 33308

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-06 (818)
481-4446

B. Mitchell APR 14 2006