## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000051552

Entity Name: INTERVAL REALTY SERVICES, INC.

FILED Oct 25, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

801 ORIENTA AVENUE 620 NORTH DENNING DRIVE \$1000 SUITE 200

ALTAMONTE SPRINGS, FL 32701 WINTER PARK, FL 32746

Current Mailing Address: New Mailing Address:

815 ORIENTA AVENUE #1060 620 NORTH DENNING DRIVE #1000 SUITE 200 ALTAMONTE SPRINGS, FL 32701 WINTER PARK, FL 32746

FEI Number: 32-0075533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UHRIG, HAL 815 ORIENTA AVENUE, SUITE 1060 ALTAMONTE SPRINGS, FL 32701 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: HAL UHRIG

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition WROBLEWSKI, ADAM Name: Name: WROBLEWSKI, ADAM 801 ORIENTA AVENUE #1000 620 NORTH DENNING DRIVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: WINTER PARK, FL 32746

Title: VSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 UHRIG, JANET G
 Name:

 Address:
 815 ORIENTA AVENUE #1060
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ADAM WROBLEWSKI PTD 10/25/2006