

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000130539

FILED
Jan 13, 2005
Secretary of State

Entity Name: FLORIDA PALMS VACATION VILLAS INCORPORATED

Current Principal Place of Business:

316 N. JOHN YOUNG PARKWAY., SUITE 13
KISSIMMEE, FL 34744

New Principal Place of Business:

8297 CHAMPIONS GATE BLVD.
347
DAVENPORT, FL 33896

Current Mailing Address:

316 N. JOHN YOUNG PARKWAY., SUITE 13
KISSIMMEE, FL 34744

New Mailing Address:

8297 CHAMPIONS GATE BLVD.
DAVENPORT, FL 33896

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHWARTZ, JOHN
316 N. JOHN YOUNG PARKWAY., SUITE 13
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MORAN, MIKE
8297 CHAMPIONS GATE BLVD.
DAVENPORT, FL 33896 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: MIKE MORAN

01/13/2005

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: PD () Delete
Name: MORAN, DERMOT M
Address: 316 N. JOHN YOUNG PARKWAY., SUITE 13
City-St-Zip: KISSIMMEE, FL 34744

Title: VSTD () Delete
Name: MORAN, SHEILA
Address: 316 N. JOHN YOUNG PARKWAY., SUITE 13
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MIKE MORAN

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date