

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 24, 2008
Secretary of State**

DOCUMENT# P04000051941

Entity Name: GREAT ESCAPES TRAVEL OF WINTER PARK, INC.

Current Principal Place of Business:

1201 SOUTH ORLANDO AVE., STE. 362
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1201 SOUTH ORLANDO AVE., STE. 362
SUITE 362
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-0907287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLEBEE, MARGARET A PRES
1201 SOUTH ORLANDO AVE., STE. 362
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: WILLIAM K. APPLEBEE

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: DALE, PHYLLIS
Address: 1132 DAPPLED ELM LANE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TREA () Delete
Name: APPLEBEE, WILLIAM K SECTREA
Address: P O BOX 520359
City-St-Zip: LONGWOOD, FL 32752 US

Title: PRES () Delete
Name: APPLEBEE, MARGARET A PRES
Address: P O BOX 520359
City-St-Zip: LONGWOOD, FL 32752 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: WILLIAM K. APPLEBEE TREA 10/24/2008

Electronic Signature of Signing Officer or Director Date