
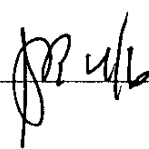
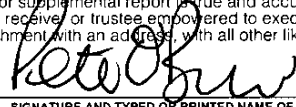


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000093859 1. Entity Name AMERICAN VACATION VILLAS INCORPORATED						FILED 06 APR -4 PM 12:45 DEPT. OF STATE TALLAHASSEE, FLORIDA  03212006 REIN-P CR2E098 (11/05) 05-06		
Principal Place of Business 1009 OAK POND DRIVE CELEBRATION, FL 34747				Mailing Address 1009 OAK POND DRIVE CELEBRATION, FL 34747				
2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-1289140		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
City & State		City & State		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
O'BRIEN, PETER 1009 OAK POND DRIVE CELEBRATION, FL 34747				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$900.00								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, PETER 1009 OAK POND DRIVE CELEBRATION, FL 34747 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 03-30-05 90043 033 \$150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, SHELAGH 1009 OAK POND DRIVE CELEBRATION, FL 34747 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000070464770 04/14/06--01056--018 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/29/06 <small>Date</small>				<small>Daytime Phone #</small>

Peter O'Brien
American Vacation Villas, Inc.
8016 Tibet Butler Drive
Windermere, FL 34786

March 21, 2006

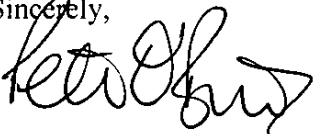
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Please find attached 2006 For Profit Corporation Reinstatement Report for American Vacation Villas, Inc. On March 21, 2005, the Uniform Business Report was filed for my company, along with a check in the amount of \$150.00. The check was subsequently cashed; however, the report was not processed. This resulted in my corporation being administratively dissolved. In contacting the Department of State, I was notified that the report was returned for my business Employer ID number. The number has been added to the form and a check included for \$150.00 for my reinstatement. I would like to ask that the penalties for reinstatement be waived.

Thanks for your assistance with this matter. Feel free to contact me on 407-361-7057 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter O'Brien", written over the word "Sincerely,".

Peter O'Brien, President
American Vacation Villas, Inc.