

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 1:20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000150390**

1. Corporation Name

Palm Coast Interval Marketing, Inc.

2. Principal Office Address - No P.O. Box #

18 Alpine Trail

Suite, Apt. #, etc.

3. Mailing Office Address

717 East Oak Street

Suite, Apt. #, etc.

City & State

Pittsfield, MA

City & State

Kissimmee, FL

Zip

01201

Country

Zip

34744

Country

400125041694
04/22/08--01025--002 **450.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2004

5. FEI Number
20-1824911

☐ 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

Swart Baumruk & Company LLP

Street Address (P.O. Box Number is Not Acceptable)

717 East Oak Street

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 4/9/2008

REGISTERED AGENT MUST SIGN

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
PSD	Scott Larsen	18 Alpine Trail	Pittsfield, MA 01201

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:

Scott Larsen

4/9/08

(407) 847-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #