

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 FEB 11 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 08-10 300162646963 11-10-09 01003 002 \$ 150.00 CR2E081 (10/09)	
DOCUMENT # <u>P07000086873</u>			
1. Corporation Name Condo America 365, Inc. Busas Vacation Rentals, Inc.			
2. Principal Office Address- No P.O. Box # <u>603 Crystal Way</u> Suite, Apt. #, etc. _____		3. Mailing Office Address <u>P.O. Box 440474</u> Suite, Apt. #, etc. _____ <u>Jacksonville, FL</u> City & State _____	
City & State <u>Orange Park, Florida</u> Zip _____ Country <u>U.S.A.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>9/2007</u>	
5. FEI Number <u>26-0454246</u>		☐ 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 <u>Jose Moreno</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>603 Crystal Way</u>			
Suite, Apt. #, Etc. _____			
City <u>Orange Park</u>		State <u>FL</u>	Zip Code <u>32065</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or section 617.0503, F.S.			
Signature of Registered Agent <u>[Signature]</u>		Date <u>2/12/2010</u>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each officer and/or Director	City/State/Zip
P	JOSE MORENO	603 Crystal Way Orange Park, FL 32065	Orange Park, FL 32065
V	MARCOS PEREZ	14386 HANGING Moss Dr.	Orange Park, FL 32065
T	Pedro Moreno Berroa	603 Crystal Way	Orange Park, FL 32065
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<u>2/12</u>			
10. E-mail Address: <u>Jose.Moreno@ml.com, busaxfamilia@att.net, CondoAmerica@aol.com</u>			
(To be used for future annual report notifications)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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: <u>[Signature]</u>		JOSE MORENO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		904-7168534	11/5/09
		Date	Daytime Phone#