

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 94-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAR 31 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000051629

1. Corporation Name

ORLANDO HOLIDAY VILLAS INC

Principal Place of Business

Mailing Address

5225 US HWY 27 NORTH  
DAVENPORT FLORIDA  
33837  
SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

5225 US HWY 27 NORTH

3. New Mailing Office Address, if Applicable

5225 US HWY 27 NORTH

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 20 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3198793

Applied For

Not Applicable

City & State

DAVENPORT FL

City & State

DAVENPORT FL

Zip

33837

Country

USA

Zip

33837

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S	SURESH K. GUPTA	5401 KIRKMAN ROAD SUITE	ORLANDO FL 32819
T.VP	ANIL DESHPANDE	— " — " —	— " — " —
D.	BRAHAM AGGARWAL	— " — " —	— " — " —
			000002130630--3 -04/01/97--01103--013 ***1253.75 ***1253.75
<b>REINSTATEMENT 94-97</b>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name SURESH K. GUPTA  
Street Address (P.O. Box Number is Not Acceptable)  
5401 KIRKMAN ROAD  
Suite, Apt. #, Etc. SUITE 525  
City ORLANDO  
State FL Zip Code 32819

*A. Allen*  
3/31/97  
CREMAG 1/2/98

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/2/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SURESH K. GUPTA

President

Date

Daytime Phone #

3/12/97 944 424 2120