.	PLEASE READ A	ALL INSTRUC	TIONS BEFORE	COMPLETING THIS	FORM.	
APPLICATION FOR		FLORIDA DEPARTMENT OF STA Katherine Harris		FILED		
REINSTATEMENT		Secretary of State DIVISION OF CORPORATIONS		00 OCT 25 PM 4: 39		
DOCUMENT # P9400027471 1. Corporation Name				SECRET.	ARY OF STATE SSEE, FLORIDA	
EXCLUSIVACATIONS, INC.				No.		
Principal Place of Business 6525 COLLINS AVENUE MIAMI BEACH FL 33141 US		Mailing Address 6525 COLLINS AVENUE MIAMI BEACH FL 33141 US		REINSTATEMENT 2000		
If above addresses are 2. New Principal Office		ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Reviscos in Florida		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State Zip Country		City & State	Country	6. CERTIFICATE OF STATUS DESI	\$8.75 Additional Fee required	
Title(s)	ddresses of Each Officer and/ Name of Officers and/or Directors		profit corporations must list at Street Address of Ea Officer and/or Direc	ch	City / State / Zip	
P MACROULOS, GEORGE		3 18181 N.E. 31ST COURT #2009		AVENTURA FL 33160		
V Tai	ntor, Jan	es 63	51 50 43	-12/0	Ligur, FC 33 5 84915931 8700-01036-018 750.00 ****750.00	
8 Na	me and Address of Current	Registered Agent		9. Name and Address of New	Registered Agent	
MACROPULOS, GEORGE 18181 N.E. 31ST COURT #2009 AVENTURA FL 33160			<i>G</i> .	treet Address (P.O. Box, Number is Not Acceptable)		
10. I, being appointed the registered agent of the above named corporation, am familiar with acid accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 7/5/00 REGISTER AGENT MUST SIGN						
11. I certify that I am an officer or director of 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 OF PRIMED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						

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