

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P94000027471

1. Corporation Name

EXCLUSIVACATIONS, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Handwritten initials

Principal Place of Business Mailing Address 6525 COLLINS AVENUE MIAMI BEACH FL 33141 US



REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 04/11/1994 5. FEI Number 65-0475453 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for MACROULOS, GEORGE and Taintor, James.

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent James Taintor 6251 SW 43rd St Miami, FL 33155

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 SIGNATURE REQUIRED Date 9/15/00

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. SIGNATURE REQUIRED 9/15/00 305-867-5000

CR2E040 (2/00)