

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED  97 FEB 10 AM 8:53  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P94000076684</b>					
1. Corporation Name <b>RESORT OWNER SERVICES INC.</b>					
Principal Place of Business <b>4425 PLEASANT HILL RD. SUITE 572 KISSIMMEE FL 34746</b>			Mailing Address <b>4425 PLEASANT HILL RD. SUITE 572 KISSIMMEE FL 34746</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>4469 CYPRESS Mill</b>		3. New Mailing Office Address, If Applicable <b>4469 CYPRESS Mill</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>10/19/1994</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		5. FEI Number <b>65-0541147</b>	
City & State <b>KISSIMMEE FL</b>		City & State <b>KISSIMMEE FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34746</b>	Country 	Zip <b>34746</b>	Country 	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	PAUTSCH, DALE	4425 PLEASANT HILL RD., STE. 572	KISSIMMEE FL 34746		
			<del>100002085631--5</del> <del>-02/12/97--01098--013</del> <del>****713.75 ****713.75</del>		
			<del>100002085631--5</del> <del>-02/12/97--01098--014</del> <del>****375.00 ****375.00</del>		
<b>REINSTATEMENT 95-97</b> <b>A. Alan</b> <b>2/10/97</b>					
8. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301</b>			9. Name and Address of New Registered Agent Name <b>Dale Pautsch</b> Street Address (P.O. Box Number is Not Acceptable) <b>4469 CYPRESS Mill Rd</b> Suite, Apt. #, Etc. 		
			City <b>KISSIMMEE</b>	State <b>FL</b>	Zip Code <b>34746</b>
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 <b>Dale Pautsch</b> Date <b>1-27-97</b> REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <b>SIGNATURE: Dale Pautsch</b> <b>1-27-97</b> <b>846-1870</b>					