PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN -6 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025427

1. Corporation Name
ORLANDO VACATION RESORTS INC

REINSTATEMENT 96

Principal Place of Business	Mailing Address
1403 SOUTH HIGHWAY 27 CLERMONT, FL 34711	P. O. BOX 221 BROOKLYN, N.Y. 11208-0221

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

MW8 1-9-97 DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	P.O. BOX 221 Suite, Apt. #, etc. BROOKLYN	7/1/85
City & State	City & State NEW YORK 11208-0221	5. FEI Number 59-3318530 ☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	B. R. FERNANDEZ	222 E. 80TH ST SUITE 5A	N.Y. N.Y. 10021-0560
V.P.	R. MALDONADO	345 W. 58TH ST	N.Y. N.Y. 10019

000326258235--4
-01/15/97--01006--017
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent:
WILFREDO ALVARADO 1403 SOUTH HIGHWAY 27 CLERMONT, FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code FL

C12E040 (12/95)

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: Wilfredo Alvarado Date: 12/31/96
REGISTERED AGENT MUST SIGN

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 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 of the corporation 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, if revocation or 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.

SIGNATURE: [signature] 12/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date