PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000028991

FILED
99 SEP 21 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Current Corporate Name
RESORTBOOKS, INC.

Principal Place of Business	Mailing Address
204 N.W. 11th Street **Delray Beach, FL 33444**	**204 N.W. 11th Street** **Delray Beach, FL 33444**

000003000548--8
-10/05/99--01113--021
****900.00 ****900.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: **4/10/95**

5. FEI Number: **65-0580504** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1	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/T	DAVID L. MINTER	**204 N.W. 11th Street**	**Delray Beach, FL 33444**
D	**Hugh Henley**	**204 N.W. 11th Street**	**Delray Beach, FL 33444**
D	TIFFANY CANT	**204 N.W. 11th Street**	**Delray Beach, FL 33444**

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8. Name and Address of Current Registered Agent

Perry & Schone, P.A.
50 S.E. 4th Avenue
Delray Beach, FL 33483

9. Name and Address of New Registered Agent

Name: Same as 8
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (1/98)

10. I hereby certify that I am 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: Mark A. Perry, Esq. Date: 8/12/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I hereby 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: H. Henley H. HENLEY 9/17/99 561-276-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #