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
96 DEC 27 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047811

1 Corporation Name

HOSPITALITY VACATION SERVICES, INC.

Principal Place of Business	Mailing Address
3160 VINELAND ROAD SUITE 1 KISSIMMEE FL 34746	3160 VINELAND ROAD SUITE 1 KISSIMMEE FL 34746

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3160 VINELAND ROAD	3160 VINELAND ROAD
Suite, Apt. #, etc.: SUITE 3	Suite, Apt. #, etc.: SUITE 3
City & State: KISSIMMEE FLI	City & State: KISSIMMEE FL
Zip: 34746 Country: USA	Zip: 34746 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 06/16/1995

5. FEI Number: 59-3322711 — Applied For ☐ Not Applicable ☐

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
D	DAVIS, CHARLOTTE S	3160 VINELAND ROAD, SUITE 3	KISSIMMEE FL 34746
D	DAVIS, RAYMOND H JR.	3160 VINELAND ROAD, SUITE 3	KISSIMMEE FL 34746
			500002046125--2
			-017/03/97--01183--007
			****383.75 ****383.75
			12-30-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROWN, USHER L ESQ. 201 EAST RUBY AVE. SUITE A KISSIMMEE FL 34741	Name: RAYMOND H. DAVIS Street Address (P.O. Box Number is Not Acceptable): 3160 VINELAND ROAD, SUITE 3 Suite, Apt. #, Etc.: SUITE 3 City: KISSIMMEE State: FL Zip Code: 34746

CR2E040 (7/96)

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: Raymond H. Davis SIGNED Date: 12-1-96

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 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: Charlotte S. Davis CHARLOTTE S. DAVIS 12-1-96 407-397-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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