

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000075475**

1. Corporation Name

**VACATION BREAK WELCOME CENTERS, INC.**

Principal Place of Business

8669 COMMODITY CIRCLE SUITE 300  
ORLANDO FL 32819

Mailing Address

8669 COMMODITY CIRCLE SUITE 300  
ORLANDO FL 32819  
US

If above addresses 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

09/28/1995

5. FEI Number

65-0608314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



300009915363

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 3	City / State / Zip 4
PD	BERK, JAMES	8669 COMMODITY CIRCLE	ORLANDO FL 32819
PCEO	HANNING, FRANZ	8669 COMMODITY CIRCLE	ORLANDO FL 32819
VPD	HOWETH, ROBERT	8669 COMMODITY CIRCLE	ORLANDO FL 32819
VPSD	DUMENY, MARCEL	8669 COMMODITY CIRCLE	ORLANDO FL 32819
AS	BENNETT, WILLIAM J.	11001 EXECUTIVE CENTER DR	LITTLE ROCK AR 72211
AS VP	WALTON, ANNA Joseph Huber	8669 COMMODITY CIRCLE 1 Campus Dr.	ORLANDO FL 32819 Parsippany, NJ 07054

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

REINSTATEMENT 02-03

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature Required*  
REGISTERED AGENT MUST SIGN

Date

1/3/03

11. 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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/02

Daytime Phone #

mw

CR2E040 (8/02)



ACCOUNT NO. : 072100000032

REFERENCE : 881196 7155110

AUTHORIZATION :

*Patricia Meudt*

COST LIMIT : \$ 750.00

ORDER DATE : January 6, 2003

ORDER TIME : 10:30 AM

ORDER NO. : 881196-020

CUSTOMER NO: 7155110

CUSTOMER: Patricia Meudt, Legal Asst  
Cendant Corporation  
1 Campus Drive

Parsippany, NJ 07054

DOMESTIC FILINGS

NAME: VACATION BREAK WELCOME  
CENTERS, INC.

REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons 521-0821 EXT 1139.

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
XX 03 JAN -7 AM 11:52  
DIVISION OF CORPORATION