H04000115959

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FILED
04 MAY 28 PM 2:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015189

1. Corporation Name
Florida Vacations & Boating, Inc.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
170 Malaga Street	170 Malaga Street
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State St. Augustine, Florida	City & State St. Augustine, Florida
Zip 32084 Country USA	Zip 32084 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/15/96

5. FEI Number — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS REQUESTED ☐ $8.75 (additional fee required for a Certified Copy)

7. Name and Address of Current Registered Agent

Name: John L. Whiteman, Esq.
Street Address (P.O. Box Number is Not Acceptable): 170 Malaga Street
Suite, Apt. #, Etc.: Suite A
City: St. Augustine State: FL Zip Code: 32084

8. I am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: May 28 2004
REQUIRED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director of Florida corporations and the mailing address of at least 1 director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Margarete Philipp	Sennhofstrasse 10 D-82223	Eichenau, Germany

10. I certify that I am an officer or director of the above-named 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, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid, and the names of individuals (other than officers and directors exempt under section 119.07(3)(i), F.S.) have been indicated on this application's list of officers and directors, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Margarete Philipp, Director 26.05.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

FLORIDA VACATIONS & BOATING, INC.

Certificate of Status	0
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