

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071110

1. Corporation Name

TIMESHARE RESALES OF THE AMERICAS, INC.

Principal Place of Business

2409 N ATLANTIC AVE
DAYTONA BEACH FL 32118
US

Mailing Address

2409 N ATLANTIC AVE
DAYTONA BEACH FL 32118
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

08/23/1996

5. FEI Number

59-3419383

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	MCNEELY, REBECCA	2360 BAJA TRAIL	ORMOND BEACH FL 32174
PSTD	MCNEELY, REBECCA	2360 BAJA TRAIL	ORMOND BEACH FL 32174
PT	EVERSOLE, CHARLES	2360 Baja Trail	ORMOND BEACH FL 32174
	Rebecca is VP, S, T		

500008637585
10/28/02--01124--026 **150.00

8. Name and Address of Current Registered Agent

MCNEELY, REBECCA
2360 BAJA TRAIL
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

Rebecca McNeely
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

Daytime Phone #

386 299 7356

CR2E040 (8/02)

p.23.02

Please help us with
the fees. We
had previously paid in
May / but the checks
were lost? not cashed?

Please help us with
payments on the total to
reinstate.

Thank You
Rebecca

386-299-7306