

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Johnnie Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA16000073014

1. Corporation Name

VACATION WONDERLANDS OF AMERICA, INC.

Principal Place of Business

Mailing Address

102 Olympia Avenue
Punta Gorda, FL 33950

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

2. New Principal Office Address, If Applicable

100 Madrid Blvd.

Suite, Apt. #, etc.

Suite 411

City & State

Punta Gorda, FL

Zip

33950

Country

Charlotte

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/29/96

5. FEI Number

65-0727150

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
P/D	Andrew S. Ponticos	100 Madrid Blvd., Suite 411	Punta Gorda, FL 33950

600002939236---6
-07/22/99--01095--012
****400.00 ****400.00

8. Name and Address of Current Registered Agent

Thomas J. Davis, Jr., Attorney at Law
1401 Kimdale Street, Suite C
Lehigh Acres, FL 33936

9. Name and Address of New Registered Agent

Name
Thomas J. Davis, Jr., Attorney at Law
Street Address (P.O. Box Number is Not Acceptable)
4575 Via Royale
Suite, Apt. #, Etc.
Suite 206

City
Fort Myers

State
FL

Zip Code
33919

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

REGISTERED AGENT MUST SIGN

Date

6/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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., and 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
Andrew S. Ponticos, President & Director

Date

Daytime Phone #

6/16/99

CR2E081 (12/98)