

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076917

1. Corporation Name

ALL FLORIDA VACATIONS INC.

Principal Place of Business

Mailing Address

609 WEST VINE STREET #C-3
KISSIMMEE FL 34741

609 WEST VINE STREET #C-3
KISSIMMEE FL 34741



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4105393

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BARNES, SUSAN M	2945 PADDINGTON WAY	KISSIMMEE FL 34747
D	BARNES, GERRY K	2945 PADDINGTON WAY	KISSIMMEE FL 34747
DP	BARNES, SUSAN M	2945 PADDINGTON WAY	KISSIMMEE FL 34747

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-12/09/98--01074--030
***150.00 ***150.00

12/3

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name SUSAN M. BARNES

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

609 W. VINE ST.

Suite, Apt. #, Etc.

SUITE C3,

City

KISSIMMEE

State

FL

Zip Code

34741

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/25/98

11. This corporation owes or has paid 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., 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

11/25/98

Date

407-933

Daytime Phone #

CR2E040 (9/98)



ALL FLORIDA VACATIONS, INC.

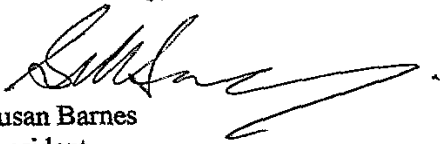
25th November, 1998.

Dear Sirs,

We have just received notification of the administrative dissolution and are surprised at this as the form was originally sent in to you on the 24th April, 1998. You returned the form with a letter (see copy enclosed) and we signed this and returned it to you on 12th October, 1998.

Please find enclosed a replacement check in case the original has gone missing in the post. Kindly advise us accordingly. We trust there will be no penalty as we have dealt with the matter promptly, it took your office 5 months to return the form to us.

Yours faithfully,



Susan Barnes
President

Florida Department of State,
Sandra B. Mortham,
Secretary of State,
Division of Corporations,
P.O. Box, 6327,
Tallahassee,
Florida, 32314