	RUCTIONS BEFORE (COMPLETING THIS FORM. PAGE INT
FOR	A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS	FILED
DOCUMENT # P9600076917		00 0CT 31 PH 2:44
1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
ALL FLORIDA VACATIONS INC.		
Principal Place of Business Mailing Addr	ncipal Place of Business Mailing Address	
609 WEST VINE STREET #C-3 609 WEST VINE STREET #C-3 KISSIMMEE FL 34741 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		
2. New Principal Office Address, If Applicable 3. New Mail 383/ Gust Vinle St, Suite, Apt. #, etc. Suite, Apt. #	I West Vine St.	4. Date Incorporated or Qualified To Do Business in Florida 09/16/1996
City & State	<u>(</u>	5. FEI Number Applied For Applied For Not Applicable
Zip Country Zip	MMEG FL Country GSA	6. CERTIFICATE OF STATUS DESIRED 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)		
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director 1 2 34		
D BARNES, GERRY K	2945 PADDINGTON WAY	KISSIMMEE FL 34747
DP BARNES, SUSAN M	2945 PADDINGTON WAY	KISSIMMEE FL 34747
		<u>9000034729195</u> -11/21/0001076018 ****150.00 ****150.00 ~
8. Name and Address of Current Registered Ag	ant	9. Name and Address of New Registered Agent
Name Su S		
BARNES, SUSAN M Street Add		AN M. BARNES
SUITE C3		6. 6
KISSIMMEE FL 34741	KISSIM.	MEE State Zip Code FL 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 Date Image: Ima		
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		407 933-2242. 10 126/2025 Date Daytime Phone #
0098270 AF		

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ALL FLORIDA VACATIONS, INC.

26th October, 2000.

Dear Sirs,

Re: All Florida Vacations Inc. 3831 West Vine Street, Kissimmee.

I am writing to you subsequent to my telephone conversation with your office.

Enclosed is a check in the sum of \$150.00 which is the same amount originally mailed to you in April of this year together with the relevant form for filing. This was done through my accountant. We are puzzled why this has not arrived at your office, as it was completed and mailed in good time by our accountant who is paid to ensure all of our relevant documentation is kept up to date. Our accountant is currently away in South America, and I therefore felt it necessary to speak with your office and explain the situation. The lady I spoke with suggested I write you a letter and enclose another check.

Thank you for your assistance.

Yours faithfully,

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Súsan Barnes President

Florida Department of State, Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314