

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000093703

1. Corporation Name

VACATION LINK, INC.

Principal Place of Business

140 N WESTMONTE DR
#204
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

PO BOX 300783
FERN PARK FL 32783
US

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

2. New Principal Office Address, If Applicable
283 N. North LAKE Blvd.

Suite, Apt. #, etc.

Suite 111

City & State

Altamonte Springs, FL.

Zip

32701

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

5. FEI Number

59-3416555

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 3	City / State / Zip 4
PTD	BIZAR, S. BRANDON	855 SANDLAKE ROAD	ORLANDO FL

000003532610--7
-01/11/01--01040--008
****758.75 ****758.75

8. Name and Address of Current Registered Agent

BOOTH, RICHARD C ESQ.
1827 CAPITAL CIRCLE NE
SUITE D
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

Tyler Gold, Esq.

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

2651 N. Federal Hwy.

Suite, Apt. #, Etc.

Suite 200

City

FT. LAUDERDALE

State

FL

Zip Code

33306-1946

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

Richard C. Booth
REGISTERED AGENT MUST SIGN

Date 2-2-00

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.

KE

SIGNATURE:

S. Brandon Bizar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-00 (407) 925-3354

Date

Daytime Phone #

CR2E040 (800)