

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 24 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020504

1. Entity Name

VACATION CONDOS RENTALS, INC.



Principal Place of Business

3643 CORTEZ ROAD, SUITE 300
BRADENTON, FL 34210

Mailing Address

5726 CORTEZ RD W
#184
BRADENTON, FL 34210

2. Principal Place of Business

4902 PERDIA

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON FL.

City & State

Zip

Country

34203

U.S.A.

Zip

Country

02222005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0733850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

R. R. BOVIN

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

4902 PERDIA

BRADENTON

City

FL

Zip Code

34203

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R. R. Bovin

(NOTE: Registered Agent signature required when reinstating)

DATE

03-21-05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME BOVIN, R. RICHARD
STREET ADDRESS 5726 CORTEZ RD W #184
CITY-ST-ZIP BRADENTON, FL 34210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900049736669
04/04/05--01003--010 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

R. R. Bovin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05

(941) 725-2000