2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# P97000023031

Entity Name: ISLAND VACATIONS, INC.

Current Principal Place of Business:

COURTHOUSE BUSINESS CENTER
302 SOUTHARD STREET #110B
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

KEY WEST BEACH CLUB II
1500 ATLANTIC BLVD.
KEY WEST, FL 33040

New Mailing Address:

KEY WEST BEACH CLUB II
1500 ATLANTIC BLVD., UNIT #409
KEY WEST, FL 33040

FEI Number: 65-0734233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLAN, KEITH PRES
KEY WEST BEACH CLUB
1500 ATLANTIC BLVD. #409
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KEITH GOLAN, PRES.

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLAN, DONNA SEC/TRE
Address: 1500 ATLANTIC BLVD #409
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: GOLAN, KEITH PRES
Address: 1500 ATLANTIC BLVD #409
City-St-Zip: KEY WEST, FL 33040

Title: MRS ( ) Delete
Name: ESCO, MARJORIE
Address: 23343 BLUE WATER CIRCLE B223
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH GOLAN PRES 10/19/2009

Electronic Signature of Signing Officer or Director — Date