## 2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT									FILELL OTATE				
DOCUMENT # P97000040239								FILED  SECRETARY OF STATE  DIVISION OF CORPORATIONS					
1. Entity Name VACATION-LINE, INC.								DIVIS	ION OF COM				
VACATIC	)N-LINE,	INC.						08	APR 22 PM	ւկ։ 53			
Principal Place of Business Mailing Address													
1540 HONEYSUCKLE AVE.				1540 HONEYSUCKLE AVE.									
MARCO IS., FL 34145 US MARCO IS., FL 34145 U													
2. Principal Place of Business - No P.O. Box # 3. Mailing Address													
2001 Biscayne Blvd. Suite, Apt. #, etc.				2001 Biscayne Blvd.									
Suite 3402				Suite 3402				04162008	RÉIN-P	CH2	E098 (1/07)		
City & State				City & State				4. FEI Numbe				oplied For	
Miami, FL Zip Country				Miami, FL Zip Country			65-0759251 Not Applicable  5 Continue of State Position   \$8.75 Additional						
33137				33137		5. Certificate of Status Desired Fee Required							
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
KENNEY, JUDITH							Judith Kenney						
777 BRICH		Street Address			P.O. Box Numbe cayne Blv		ile)						
SUITE 107 MIAMI, FL			Suite		•								
						City		,		F	L 33134	<del></del>	
			tatement for th	ne purpose of changing its	s register			ed agent, or bot	th, in the State of F	lorida. I an	n familiar with,	and accept	
the obligat	tions of regis	tered agent.	d. K				_	7111			c 10000		
SIGNATURE								udith Ken		4/10 DATE	6/2008		
Signature, typed or printed name of registered agent and talest applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$300.00									In accordance corporation did				
10.	1	OFFI	CERS AND DI	RECTORS	11.	1		ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
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STREET ADDRESS							200	)1 Biscay	ne Blvd.,	Suite	3402		
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CITY-ST-ZIP						-ST-ZIP							
indicated	I on this rend	ort or supplemen	ntal report is tr	is filing does not qualify fue and accurate and that	mv signa	ture shall ha	ave the	same legal effec	t as if made under	roath: that	l am an officer	r 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.													
SIGNAT	URE:-	<u> </u>	Jeth 1	LEMMEN NE	$\frac{1}{2}dr$		<u>h</u> Ke	enney	4/16/2008	305	572-1020	)	
		SIGNATURE A	ID TYPED OR PRI	VIED NAME OF SIGNING OFFICE	OR DIREC	TOR			Date		Daytime Phone #		