

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 26 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P97000061322

1. Corporation Name

B.L. Vacation Ownership, Inc.

2. Principal Office Address

7503 Atlantis Way

Suite, Apt. #, etc.

City & State

Celebration, FL

Zip

34747

Country

USA

3. Mailing Office Address

P.O. Box 470548

Suite, Apt. #, etc.

City & State

Celebration, FL

Zip

34747

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/15/97

5. FEI Number

650826972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Blodig, Gregory J.

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

100 W. Cypress Creek Road, Suite 700

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33309

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****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **2-05-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P,T	Britzius, Richard	7503 Atlantis Way	Celebration, FL 34747
D,V,S	Lambert, Daniel	2419 E. Commercial Blvd. #100	Ft. Lauderdale, FL 33308
D,V,	Verrillo, James	2419 E. Commercial Blvd. #100	Ft. Lauderdale, FL 33308

REINSTATEMENT 200001

10. 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

Date

Daytime Phone #

Richard Britzius 2/5/01 396-4005

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CR2E081 (9/99)