

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 24 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000105280**

1. Corporation Name

VACATION TIME TRAVEL, INC.

3300 S.W. 14TH PLACE

3300 S.W. 14TH PLACE

2. Principal Office Address

3300 S.W. 14TH PLACE

Suite, Apt. #, etc.

SUITE 3

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

3. Mailing Office Address

3300 S.W. 14TH PLACE

Suite, Apt. #, etc.

SUITE 3

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

000043219720

12/06/04--01068--002 **1500.00

REINSTATEMENT 99-04

4. Date Incorporated or Qualified

To Do Business in Florida 12/15/97

5. FEI Number

20-1915471

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

LARRY T. SCHONE, ESQ.

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

72 N.E. FIFTH AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

Larry T. Schone

REGISTERED AGENT MUST SIGN

Date 11/23/04

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
DP	RALPH MULLER	3300 S.W. 14TH PLACE, SUITE 3	BOYNTON BEACH, FL 33426
VP	JOHN PENNINGTON	3300 S.W. 14TH PLACE, SUITE 3	BOYNTON BEACH, FL 33426

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:

John Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/04

Date

(561) 364-2707

Daytime Phone #