

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

FILED  
 00 JAN 21 AM 11:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000107318**

1. Corporation Name  
**Vacation Promotions USA, Inc.**  
**6250 N. Andrews Avenue #105A**  
**Fort Lauderdale, FL 33309**

Principal Place of Business - **Fort Lauderdale, FL 33309** Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>See above</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>See above</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>1/01/98</b>	
City & State		City & State		5. FEI Number <b>65-0884309</b>	
Zip	Country <b>Broward</b>	Zip	Country <b>Broward</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>YES</b>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	J. Montgomery Antillon	6250 N. Andrews Ave #105A Ft. Lauderdale, FL 33309	
V.Pre.	Christyna de Antillon	6250 N. Andrews Ave #105A Ft. Lauderdale, FL 33309	
Sec	Zoltan Juhasz	6250 N. Andrews Av #105A Ft. Lauderdale, FL 33309	

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 \*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent <b>Marie Urebelarrea-Martinez</b> <b>2805 E. Oakland Park Blvd.</b> <b>#203</b> <b>Ft. Lauderdale, FL 33306</b>		9. Name and Address of New Registered Agent Name <b>Joseph G. Mott, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 W. Cypress Creek Rd., #400</b> Suite, Apt. #, Etc. City <b>Ft. Lauderdale</b> State <b>FL</b> Zip Code <b>33309</b>	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Joseph G. Mott, Jr.** Date **01-18-00**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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]** 01.17.00 KE  
 SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #