

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

01/01/98
082JAN-99 PM 4:48

DOCUMENT #

1. Corporation Name

P97000107318
VACATION PROMOTIONS USA, INC.
304 GARDENS DRIVE #204
POMPANO BEACH, FL. 33069

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/98

5. FEI Number

65-0884309

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

JOSEPH MOTT, CPA

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

500 W. CYPRESS CREEK ROAD #400

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

33309

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

Joseph Mott

REGISTERED AGENT MUST SIGN

Date 01/07/02

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
PRES	J. MONTGOMERY ANTILLON	304 GARDENS DRIVE	POMPANO BCH, FL 33069
V.P.	CHRISTYNA DE ANTILLON	304 GARDENS DRIVE	POMPANO BCH, FL 33069
SEC.	ZOLTAN JUHASZ	304 GARDENS DRIVE	POMPANO BCH, FL 33069

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

CHRISTYNA DE ANTILLON

01/07/02 954-731-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

Date

Daytime Phone #



Joseph G. Mott, Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT

December 6, 2001

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, FL 32399

RE: Vacation Promotions USA, Inc. *1097000107318*
Reinstatement of Corporation
H97000021078

To Whom It May Concern:

With regard to the application for reinstatement for Vacation Promotions USA, Inc., please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional. A review of the record will indicate that the client recently changed their registered agent to our CPA firm. However, as indicated in your records, the mailing address was not changed accordingly. Therefore, we never received the reminder notice the state usually mails out. We then assumed that the client received and paid this annual report fee. However, the client thought we, as the new registered agent, took care of this.

We respectfully request the state change the mailing address to our CPA firm's address, as indicated as registered agent's address, and accept the original filing amount of \$150, along with the Certificate of Status fee of \$8.75.

Thank you for your attention to this matter.

Sincerely,

Joseph Mott, CPA

Joseph G. Mott, Jr.
Certified Public Accountant