

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JAN 28 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022662

1. Corporation Name

Lifetime Vacations Company

2. Principal Office Address

8651 Commodity Cr.

3. Mailing Office Address

8651 Commodity Cr.

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-02/05/02--01082--003
****150.00 ****150.00

Suite, Apt. #, etc.

Suite 1A

Suite, Apt. #, etc.

Suite 1A

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/1998

City & State

Orlando, FL

City & State

Orlando, FL

5. FEI Number

59-3496056

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James P. Romand, Jr.

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

8651 Commodity Circle

Suite, Apt. #, Etc.

Suite 1A

City

Orlando

State

FL

Zip Code

32819

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

James P. Romand Jr.
James P. Romand Jr.
REGISTERED AGENT MUST SIGN

Date

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
P/D	James P. Romand, Jr.	5609 Delano Lane	Orlando, FL 32821
D	William Fernandez	8651 Commodity Circle	Orlando, FL 32819

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****750.00 ****750.00

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:

James P. Romand Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-02

Daytime Phone #

407

355-9292

CR2E081 (9/00)