

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023908

1. Corporation Name

SITA RESORTS INC

2. Principal Office Address

8134 INTERNATIONAL DR

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32819

Country

ORANGE

3. Mailing Office Address

8134 INTERNATIONAL DR

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32819

Country

ORANGE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 5 1998

5. FEI Number

59-3500785

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

ARVIND PATEL

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

10849 WOODCHASE CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

300003114093-9

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****300.00 ****300.00

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

 President
 REGISTERED AGENT MUST SIGN

Date 1-6-2000

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.	ARVIND PATEL	10849 WOODCHASE CIRCLE	ORLANDO FL. 32836
V.P.	NARAN PATEL	5364 LONESOME DOVE DR.	KISSIMMEE FL. 34746
V.P.	SANJAY PATEL	5875 W. IRLO BRANSON HWY.	KISSIMMEE FL. 34746
TRES/ SEC.	JAY R. PATEL	4515 VILLAGE WOOD DR.	ORLANDO FL. 32835

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:

 President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-2000 407 491-0612

KE