

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000084877

1. Corporation Name

World Point Vacation Club, Inc.

2. Principal Office Address

1125 U.S. Hwy 98 South

Suite, Apt. #, etc.

Suite 200

City & State

Lakeland, FL

Zip

33801

Country

United States

3. Mailing Office Address

1125 U.S. Hwy 98 South

Suite, Apt. #, etc.

Suite 200

City & State

Lakeland, FL

Zip

33801

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/02/1998

5. FEI Number

59-3496279

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 P. St. John

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

1125 U.S. Highway 98 South

Suite, Apt. #, Etc.

Suite 200

City

Lakeland

State

FL

Zip Code

33801

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 P. St. John

REGISTERED AGENT MUST SIGN

Date 2/2/01

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
PD	Joseph P. St. John	1125 U.S. Highway 98 South Suite 200	Lakeland, FL 33801
VD	Linda Mayhugh	1125 U.S. Highway 98 South Suite 200	Lakeland, FL 33801
VD	Harold Haaser	1125 U.S. Highway 98 South Suite 200	Lakeland, FL 33801

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:

Joseph P. St. John

Joseph P. St. John

2/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)