

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathryn E. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:20

DOCUMENT # P98000097796

1. Corporation Name

REGENT VACATIONS & MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7801 W IRLO BRONSON MER HWY
B
KISSIMMEE FL 34747

7801 W IRLO BRONSON MER HWY
B
KISSIMMEE FL 34747

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3545401

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LENOX, KATHRYNE M	7801 W IRLO BRONSON MEM HWY #B	KISSIMMEE FL 34747
VD	LENOX, DAVID R	7801 W IRLO BRONSON MEM HWY #B	KISSIMMEE FL 34747

000004679630--6
11/14/01 01000 014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LENOX, DAVID R
135 WEST CENTRAL BOULEVARD
SUITE 1100
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David R. Lenox
REGISTERED AGENT MUST SIGN

Date

10/16/01

AD

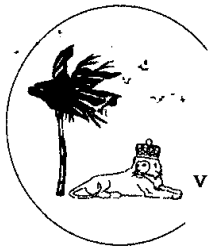
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

David R. Lenox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REGENT

VACATIONS & MANAGEMENT, INC.

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October 16, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327


Dear Sir or Madam:

We just received a Notice of Administrative Dissolution or Revocation for our business. We have not received any other letter or invoice indicating that any amount is due to maintain our corporation. We were unaware that this bill was due.

We respectfully request that you waive the reinstatement fee and accept our check in the amount of \$150.00 to return our corporation, Regent Vacations and Management, Inc. to "active" status. As we have in the past, we will continue to operate honestly and efficiently. We have done everything possible in the past to ensure this corporate fee is paid in a timely manner.

Thanking you in advance for your cooperation.

Sincerely,


Kathryn M. Lenox
President