PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 NOV -6 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017459

1. Corporation Name

HAPIMAG VACATIONS, CORP.

2. Principal Office Address	3. Mailing Office Address
NEUHOFSTRASSE 8/12	350 WEST 50th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
BAAR	NEW YORK, NY
Zip / Country	Zip / Country
CH-6349 / SWITZERLAND	10019 / USA

REINSTATEMENT 700

4. Date Incorporated or Qualified To Do Business in Florida: 02/23/99

5. FEI Number: 65-0916605 ☐ 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: CORPORATION SERVICE COMPANY

800003463698--7
-11/15/00--01021--002
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

800003463698--7
-11/15/00--01021--003
******700.00 ******750.00

City: TALLAHASSEE | State: FL | Zip Code: 32301-2525

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: BRIAN COURTNEY, ASST. V.P. Date: 11/6/2000 LS

REGISTERED AGENT MUST SIGN

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	MARCO HARTMANN	NEUHOFSTRASSE 8/12	BAAR, SWITZERLAND CH-6349
VPS	JAN WILLEM van BERGEN	350 WEST 50th STREET	NEW YORK, NY 10019
VPT	PETER OBERLI	NEUHOFSTRASSE 8/12	BAAR, SWITZERLAND CH-6349

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: VAN BERGEN, MR JAN W — 10/30/00 — (212) 541-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #