

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000036139

Entity Name: IDEAL VACATIONS, INC.

FILED
Oct 19, 2006
Secretary of State

Current Principal Place of Business:

13859 NW 23RD STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2956 JUNIPER LANE
DAVIE, FL 33330

Current Mailing Address:

256 NW 42 AVE
MIAMI, FL 33126

New Mailing Address:

2956 JUNIPER LANE
DAVIE, FL 33330

FEI Number: 65-0921434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, ALDO G
13859 NW 23RD STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

LEON, ALDO G P
2956 JUNIPER LANE
DAVIE, FL 33330 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALDO G. LEON

10/19/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEON, TONYA B
Address: 13859 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P () Delete
Name: LEON, ALDO G
Address: 13859 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEON, TONYA B
Address: 2956 JUNIPER LANE
City-St-Zip: DAVIE, FL 33330

Title: P (X) Change () Addition
Name: LEON, ALDO G
Address: 2956 JUNIPER LANE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDO G. LEON

P

10/19/2006

Electronic Signature of Signing Officer or Director

Date