

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 27 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Florida Vacation Accommodations, Inc.

2. Principal Office Address

4030 Gulf of Mexico Drive

Suite, Apt. #, etc.

City & State

Longboat Key, FL

Zip

34228

Country

USA

3. Mailing Office Address

c/o ResortQuest International, Inc.

Suite, Apt. #, etc.

530 Oak Court Dr., Suite 360

City & State

Memphis, TN

Zip

38117

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/21/99

5. FEI Number

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

John J. Linn
REGISTERED AGENT MUST SIGN

Date 6/07/2002

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
D/CEO	David L. Levine	530 Oak Court Dr., Suite 360	Memphis, TN 38117
P	Charles L. Starr, III	4030 Gulf of Mexico Drive	Longboat Key, FL 34228
VP/S	M. Ronald Halpern	530 Oak Court Dr., Suite 360	Memphis, TN 38117
VP/T	David K. Selberg	530 Oak Court Dr., Suite 360	Memphis, TN 38117
VP/Con.	J. Scott Murphy	530 Oak Court Dr., Suite 360	Memphis, TN 38117
AS	Karen M. Ray	530 Oak Court Dr., Suite 360	Memphis, TN 38117

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:

Karen M. Ray Karen M. Ray Assistant Secretary 901/762-4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/12/02 Daytime Phone #

CR2E081 (9/01)