

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000050274

1. Corporation Name

FLORIDA PREMIUM VACATION SERVICES, INC.

Principal Place of Business

~~1507 BLACK BEAR COURT  
WINTER SPRINGS FL 32708~~

Mailing Address

1507 BLACK BEAR COURT  
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

3501 W. Vine Street  
Suite 261

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Zip 34741

Country

Osceola

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1999

5. FEI Number

59-3592391

Applied For

Not Applicable

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
P	Janet Cegelka	1507 Black Bear Court	Winter Springs, FL 32708

8. Name and Address of Current Registered Agent

CEGELKA, JANET  
1507 BLACK BEAR COURT  
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

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

*Janet Cegelka*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4/11/01

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:

*Janet Cegelka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01  
Date

(407) 933-6338  
Daytime Phone #



REINSTATEMENT 00-01

FILED  
01 APR 12 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/00)