

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000054170

1. Entity Name  
KISSIMMEE VACATIONS, INC.



Principal Place of Business  
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CLERMONT, FL ~~34711~~

Mailing Address  
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CLERMONT, FL ~~34711~~

FILED  
05 OCT 14 AM 11:19  
SECRET  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
34714

Country

Zip  
34714

Country

10122005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3587221

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, MICHAEL P  
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CLERMONT, FL 34711

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Levine*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-12-2005

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME LEVINE, MICHAEL P  
STREET ADDRESS 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Delete  
NAME LEVINE, MICHAEL P  
STREET ADDRESS 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400060593114  
STREET ADDRESS 10/14/05--01002--019 \*\*158.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-2005 (352)243-0099  
Date Daytime Phone #