2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# P99000054170

Entity Name: KISSIMMEE VACATIONS, INC.

Current Principal Place of Business:

1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 59-3587221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEVINE, MICHAEL P
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
CLERMONT, FL 34714 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: MICHAEL P LEVINE 10/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: LEVINE, MICHAEL P
Address: 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: LEVINE, MICHAEL P
Address: 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: LEVINE, MICHAEL P
Address: 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
City-St-Zip: CLERMONT, FL 34714

Title: D (X) Change ( ) Addition
Name: LEVINE, MICHAEL P
Address: 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E
City-St-Zip: CLERMONT, FL 34714

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL P LEVINE PRES 10/12/2009
Electronic Signature of Signing Officer or Director Date