

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

01 APR -4 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000065973

1. Corporation Name

ORLANDO VACATION HOME SALES INC

2. Principal Office Address

3501 WEST VINE ST

Suite, Apt. #, etc.

385

City & State

KISSIMMEE FL

Zip

34741

Country

USA

3. Mailing Office Address

3044 CRESTED CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32837

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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

JOHN HENLEY

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

3501 WEST VINE ST

Suite, Apt. #, Etc.

385

City

KISSIMMEE

State

FL

Zip Code

34741

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

REGISTERED AGENT MUST SIGN

Date 04/04/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

SP

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR.	J. HENLEY	3501 WEST VINE ST	KISSIMMEE FL 34741
MR.	A. DAWSON	3501 WEST VINE ST	KISSIMMEE FL 34741
			800003958978--5 04/04/01 01072 001 ***300.00 ***300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2001

Date

4078707900

Daytime Phone #

CR2E081 (9/00)