

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S88917

1. Corporation Name

VACATION & CRUISE RESOURCES, INC.

Principal Place of Business

9574 HARDING AVE
BAY HARBOR FL 33154
US

Mailing Address

401 N. GREEN RIVER ROAD
EVANSVILLE IN 47715
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1991

5. FEI Number

65-0290945

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	NORMAN, LARRY B	1717 N BAYSHORE DR SER 3946	MIAMI FL
D	BUTTERFIELD, BILL	535 TENNIS LANE	EVANSVILLE IN
D	Morris, Billy	9638 Greenville Ave	Dallas TX 75297
D	Charles, William	Park 80 Plaza East Saddle Brook	Saddle Brook New Jersey, 33154
			600009245266 11/27/02--01095--003 **750.00

8. Name and Address of Current Registered Agent

NORMAN, LARRY B
1717 N BAYSHORE DR STE 3946
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

10275 Collins Ave.

Suite, Apt. #, Etc.

Apt 531

City

Bal Harbour

State

FL

Zip Code

33154

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/27/07

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:

Larry B. Norman President 11/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 864 2227