

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88917**

1. Corporation Name

VACATION & CRUISE RESOURCES, INC.

Principal Place of Business

Mailing Address

9574 HARDING AVE
BAY HARBOR FL 33154
US

9574 HARDING AVE
BAY HARBOR FL 33154
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	MORRIS, BILLY	9638 GREENVILLE AVE	DALLAS TX 75243
D	CHILES, WILLIAM	PARK 80 PLAZA EAST	SADDLE BROOK NJ 33154

100025818811
12/29/03--01057--025 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORMAN, LARRY B
10275 COLLINS AVE
APT 501
BAL HARBOUR FL 33157

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. or 617.0505, F.S.

Signature of
Registered Agent

Larry B. Norman
REGISTERED AGENT MUST SIGN

Date

12/18/03

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)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/03
Date

305-803-9579
Daytime Phone #

CR2040 (7/03)