PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

T CENGE READ /	ALL MOTROCHORS BEFORE	- COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JAN 23 PN 3: 14
DOCUMENT # $V290$	79	SECRETART OF STATE TALLAHASSEE, FLORIBA
VACATION MAR.	KETING	
INTERNATIO		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	REINSTATEMENT 94-08 CR2E081 (12/07) 6-0
Suite(AD)/#, etc.	Suite, Apt. #, etc.	<u> </u>
REIN 36		4. Date Incorporated or Qualified To Do Business in Florida 04//7 //999
City & State	City & State	5. FEI Number Applied For
CORAL SPRINGS, FL Zip Country	Zip Country	650327642 Not Applicable
33065 USA		CERTIFICATE OF STATUS DESIRED \$8.76 Additional Fee required for a Certificate of Status
7. Name and Address of	Current Registered Agent	
Name SCHMIDT, LUDH	116	The reinstatement fee is imposed, except in
Street Address (R.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
2. Principal 420 NW 86 HVE		are certifying the prior notices were not
Sur 160 # 1108		received and requesting the reinstatement fee be waived.
CILY PLANTATION	State 33324	
8. I, being appointed the registered agent of the above named copporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
ិទ្ធិថ្នៃកំនិងហ៊ីម៉ of	Allist	Date 01/15/08
Registered AgentRE	EDISTERED AGENT MUST SIGN	Date 01/13/00
9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)		
Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
22 From William M. Kerrig	pan 1957 Cocquina h	Jay Corel Springs, 71 33071
Sity eggs		20011522522
S. I. to .		300115889583 ^{01/23} /0801025011 **2865.00
Harris Control		
Replacer		
9. Nam		
10. Leertify 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 filling seriostatement 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 contained in Chapter 119, F.S. The information indicated the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		