


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|--|---|--|
| CORPORATION REINSTATEMENT  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F 99000000942 1. Corporation Name EPIC VACATION CLUB, INC. | | | |
| 2. Principal Office Address 1150 First Avenue Suite, Apt. #, etc. Suite 900 City & State King of Prussia, PA Zip 19406 | | 3. Mailing Office Address 1150 First Avenue Suite, Apt. #, etc. Suite 900 City & State King of Prussia, PA Zip 19406 | |
| Country | | Country | |
| USA | | USA | |


REINSTATEMENT

00-01

| | |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida = 2-18-99 | |
| 5. FEI Number 23-2988616 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

| | | | |
|---|--|--|-------------------|
| 7. Name and Address of Current Registered Agent | | | |
| Name C T Corporation System | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | | 700004460997 -07/06/01--01014--019 ****297.50 ****297.50 | |
| Suite, Apt. #, Etc. | | | |
| City Plantation | | State FL | Zip Code 33324 |


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:  **Donna A. DiPietro** Date: 6/25/01
 REGISTERED AGENT MUST SIGN Assistant Vice President

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------------|-----------------------------------|--|---------------------------|
| Dir. Pres. | Thomas F. Flatley | 1150 First Avenue, Suite 900 | King of Prussia, PA 19406 |
| Sec. Treas. | Scott J. Egelkamp | 1150 First Avenue, Suite 900 | King of Prussia, PA 19406 |
| Dir. | Kenneth Knight | 1150 First Avenue, Suite 900 | King of Prussia, PA 19406 |
| Dir. | C. T. Lynch | 400 N. Atlantic Avenue | Daytona Beach, FL 32118 |
| Dir. | Farzin Ferdosi | 5115 S. Decatur Avenue | Las Vegas, NV 89118 |

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)(f), 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:  **Thomas F. Flatley** Date: 6/21/01 Daytime Phone #: 610-992-0100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR