

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 DEC -4 AM 8:00

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F99000000942

1. Corporation Name

Epic Vacation Club, Inc.

2. Principal Office Address

3865 W. Cheyenne Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3865 W. Cheyenne Ave.

Suite, Apt. #, etc.

City & State

North Las Vegas, NV

City & State

North Las Vegas, NV

Zip

89032

Country

USA

Zip

89032

Country

USA

500025389035
 12/10/03--01042--012 ***245.00
REINSTATEMENT 03

4. Date Incorporated or Qualified
 To Do Business in Florida

08/18/99

5. FEI Number

23-2988616

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am **TARA O. COOPER** and I accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
 Registered Agent

[Handwritten Signature]

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/26/03

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
D/P	Nicholas J. Benson	3865 W. Cheyenne Ave.	North Las Vegas, NV 89032
D/VP	Andrew Gennuso	3865 W. Cheyenne Ave.	North Las Vegas, NV 89032
D/VP	Coral M. Hasen	3865 W. Cheyenne Ave.	North Las Vegas, NV 89032
D/CFO	Steven E. West	3865 W. Cheyenne Ave.	North Las Vegas, NV 89032
D/S	Frederick C. Bauman	3865 W. Cheyenne Ave.	North Las Vegas, NV 89032

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Frederick C. Bauman, Secretary

Date

11/18/03

Daytime Phone #

702-804-8600

CR2E081 (10/02)