

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 1:20

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000150390**

1. Corporation Name
Palm Coast Interval Marketing, Inc.

400125041694
04/22/08--01025--002 **450.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
18 Alpine Trail

3. Mailing Office Address
717 East Oak Street

Suite, Apt. #, etc.

City & State
Pittsfield, MA

City & State
Kissimmee, FL

Zip Country
01201

Zip Country
34744

4. Date Incorporated or Qualified
To Do Business in Florida **11/02/2004**

5. FEI Number **20-1824911**
 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
Swart Baumruk & Company LLP

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

Suite, Apt. #, Etc.

City State Zip Code
Kissimmee FL 34744

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **4/9/2008**

REGISTERED AGENT MUST SIGN

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
PSD	Scott Larsen	18 Alpine Trail	Pittsfield, MA 01201

B 4/23/08
REINSTATEMENT 06-08

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 contained in Chapter 119, 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:

Scott Larsen

4/9/08

(407) 847-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #