


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		09 01 1999 REINSTATEMENT 08-00
<b>DOCUMENT #</b> P97000051221 1. Corporation Name Vacation Time Incorporated				
Principal Place of Business 1004 West 9th Ave 2nd Floor, King of Prussia, PA 19406		Mailing Address		
2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-2150502
City & State		City & State		Applied For Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip	
CEO + Treasurer	RICHARD J. PULEO	1004 West Ninth Avenue	King of Prussia, PA 19406	
Secretary	Peter Greenberg	109 South Alfred Street	Alexandria, VA 22314	
President	CARROLL ERNST	7216 Bay Club Way	Orlando, FL 32835	
8000002802679-8 -03/11/99--01079-012 ***\$00.00 ***\$00.00				
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			Name Street Address (P.O. Box Number is Not Applicable) 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.				
Signature of Registered Agent Korri A. Behler		KORRI A. BEHLER REGISTERED AGENT GENERAL ASSISTANT SECRETARY		Date 3/8/99
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Korri A. Behler CEO</u>		3/4/99		1212-539-12325
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

CR2E040 (12/95)