

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000928

1. Corporation Name

ADAM TRAVEL SERVICES, INC.

Principal Place of Business

Mailing Address

120 BLACKSTONE STREET
BOSTON MA 02109

~~1836 NORTH UNIVERSITY DRIVE~~
~~PLANTATION FL 33322~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2000

5. FEI Number

04-3337192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director, 3	City / State / Zip 4
CPST CPST	IBRAHIM, ABDO IBRAHIM, ABDO	ONE MEYERS LANE 120 BLACKSTONE STREET	BURLINGTON MA 01803 BOSTON, MA 02108

500005507805--4
-05/14/02--01017--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AWAD, RAED
1836 NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

Name

ASIM- MOHAMED

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

1836 N. University Dr.

Suite, Apt. #, Etc.

City

Plantation

State

Zip Code

FL

33322

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

REGISTERED AGENT MUST SIGN

Date

1/23/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 617-367-7155

CR2040 (8/01)