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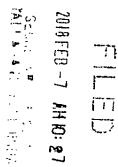
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COVER LETTER
TO: Amendment Section Division of Corporations
SUBJECT: ASTRO TRAVEL SERVICE INC
(Name of Corporation)
DOCUMENT NUMBER: F12,000,00 4116
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONNA Scicolone
(Name of Person)
ASTRO TRAVEL Service INC.
(Firm/Company)
6200 Som Center Road Suite A-11
(Address)
Solon Otto 44139
(City/State and Zip code)
For further information concerning this matter, please call:
Donna Scicolone at (440) 2487740
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) Enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL.32314Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

ASTRO TRAVEL Service Inc. (Name of Corporation)
(Name of Corporation)
F12000004116 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
F12000004116 (Document Number of Corporation (if known) State of Ohio (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
6200 SOM Center Road Suite A-11 (Mailing Address)
Solon Ohio 44139 (City/ State /Zip)
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
Donna Scicolone PRESIDENT (Typed or printed name of person signing) (Title of person signing)