

H 04000041911-3 1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** F95000003570 **β95000003570**

**1. Corporation Name**  
World Vacation Travel Limited, Inc.

<b>2. Principal Office Address</b> 8725 NW 18th Terrace		<b>3. Mailing Office Address</b> 8725 NW 18th Terrace	
<b>Suite, Apt. #, etc.</b> Suite 301		<b>Suite, Apt. #, etc.</b> Suite 301	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33172	<b>COUNTRY</b> USA	<b>Zip</b> 33172	<b>Country</b> USA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-04

**4. Date incorporated or Qualified To Do Business in Florida**  
July 25, 1995

**5. FE Number**  
650631029

**6. CERTIFICATE OF STATUS DESIRED**

**7. Name and Address of Current Registered Agent**

**Name**  
Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hays Street

**City**  
Tallahassee

**State**  
FL

**Zip Code**  
32302

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S.**

**Signature of Registered Agent** *Deborah D. Skipper* **Deborah D. Skipper** **Asst. V. Pres.** **Date** 2/24/04

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)**

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Louderes Rodriguez	8725 NW 18th Terrace, Suite 301	Miami, FL 33172
V/D	Dolores Gomez	8725 NW 18th Terrace, Suite 301	Miami, FL 33172

**10. I certify that I am an officer or director of the receiver or trustee appointed to suspend the application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been determined, the corporate name satisfies the requirements of section 807.0401 or 817.0401, 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 319.07(3)(b), F.S. The information included on this application is true and correct, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE** *Louderes Rodriguez* **LOUDES RODRIGUEZ** **Date** 2/20/04 **Daytime Phone #** 305-416-6557

**SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR**

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Florida Department of State  
Division of Corporations  
Public Access System

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From:

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Account Number : I20000000195  
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CORPORATION REINSTATEMENT

WORLD VACATION TRAVEL LIMITED, INC.

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