

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 19 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000389

1. Corporation Name
800 TRAVEL SYSTEMS, INC

Principal Place of Business 4802 GUNN HWY TAMPA FL 33624 US	Mailing Address 4802 GUNN HWY TAMPA FL 33624 US
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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		4. Date Incorporated or Qualified To Do Business in Florida 01/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 50-3343338	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Add to each Fee required for a Certificate of Status	



REINSTATEMENT 99

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	SENDROW, JERROLD B	4802 GUNN HWY	TAMPA FL
CEO	MASTRINI, MARK	4802 GUNN HWY 4802 Gunn Hwy	TAMPA FL 33624
VP	MORGAN, BOB	4802 Gunn Hwy	Tampa, FL 33624
			300003031573--0 -11/02/99--01008--004 ***750.00 ***750.00

8. Name and Address of Current Registered Agent SENDROW, JERROLD B 4802 GUNN HWY TAMPA FL 33624		9. Name and Address of New Registered Agent Name: BOB MORGAN Street Address (P.O. Box Number is Not Acceptable): 4802 Gunn Hwy Suite, Apt. #, Etc. City: Tampa State: FL Zip Code: 33624	
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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: Bob Morgan Date: 10/13/99
REGISTERED AGENT MUST SIGN

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: Bob Morgan - BOB MORGAN Date: 10/13/99 Daytime Phone #: 813 908 0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CPC2040 (8/99)