PCBax 10 Tally FC 323 City/State	Address OG GS GS GS Phone # NAME(S) & DOCUMENT NU	004.15(
1. PRU TRA. (Corp.)	Vr (TN C	Document #) Document #)
Walk in	oration Name) (I Pick up time Will wait Photocopy AMENDMENTS	SECRETARY OF STATE SECRETARY OF STATE Certified Copy Certificate of Status Certificate of Status
Profit		148 State
NonProfit	Amendment Resignation of R.A., Officer/ Dire	ynth
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILINGS'	REGISTRATION/	RECEIVED 96 AUG 13 PH 2: 03 DIVISION OF CORPORATION
Annual Report	QUALIFICATION X Foreign	ED 2: 0;
Fictitious Name	Limited Partnership	R0 8
Name Reservation	Reinstatement	
	Trademark	
-	Other	
L	Olifer	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 13, 1996

FLORIDA FILING & SEARCH SERVICES INC.

SUBJECT: PRO TRAVEL, INC. Ref. Number: W96000016918

OIVISION OF CORFOTATIONS

We have received your document for PRO TRAVEL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

Please return your document, along with a copy of this letter, within 6C days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 796A00038526

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PRO TRAV	EL, INC.			
	tion; must include the word "INCO ke import in language as will clearly ship if not so contained in the name	RPORATED* "COMPANY" "CORPORATION" of indicate that it is a corporation instead of a natural at present.)	or words (of.
DELAWARE		3. Applied for	1-(- \-	
2. (State or country un	der the law of which it is meorporate	id) (FEL mumber, il applicab	HE)	
08/06/96	i	PERPETUAL.		
4. (Date of	Incorporation)	(Duration: Year corp. will cease to exist o	e perbeu	M")
- WAR I	pon Qualification			
6. (Date farst tre	nsacted business in Florida. (SEE SE	CTIONS 607.1501, 607.1502, ARD 817.155, F.S.)	-	
•				
7			10	늘
/,			AUG	Sign
15 PAST	NORTH STREET	DOVER DELAWARE 19901	<u>ਨ</u>	<u>≃66</u>
	(Current	mailing address)	Ξ.	
	·		골	55 S
TRAVEL A				ည်က
(Purpose(s) of cor Florida)	poration authorized in home state or	country to be carried out in the state of	84:	AH.
		Annal agents (P.O. Boy or Mail Drop Re	» NOT	Ø
9. Name and str acceptable)	lest address of Profite tells	tered agent: (P.O. Box or Mail Drop Bo		
Name: _	LINDA SHAPIRO			
000 - 444	ONE PARK PLACE 13	20		
Office Address:	621 NW 53rd Street			
	BOCA RATON	, Florida , 33487 (Zip Code)		
10. Registered	gent's acceptance:	(Zip Luce)		
Having been nan corporation at th registered agent	ved as registered agent and to e place designated in this ap	o accept service of process for the above : plication, I hereby accept the appointmen city. I further agree to comply with the pi e performance of my duties, and I am fam egistered agent.	หางเรียก	s of th
	(Repair	red agent's sugnature)		
**	a certificate of existence duly	authenticated, not more than 90 days prio ent of State, by the Secretary of State or a is in the jurisdiction under the law of which		

incorporated.

 Names and addresses of officers and/or directors: (Street address ONLY-P. C. NOT acceptable) 	/ BOX
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)	
Chairman:	
Address.	
Vice Chairman:	
Address:	
GARY SHAPIRO	
Address: ONE PARK PLACE #320 621 NW 53rd Street	
BOCA RATON FLORIDA 33487	
Director: LINDA SHAPIRO	
Address: ONE PARK PLACE \$320 621 NW 53rd Street	
HOCA RATON FLORIDA 33487	
B. OFFICERS (Street address only- P. O. Box NOT acceptable)	AUG
President: GARY SHAPIRO	
Address: ONE PARK PLACE #320 621 NW 53rd Street	
BOCA RATON PLORIDA 33487	
Vice President: LINDA SHAPIRO	
Vice President: LINDA SHAPIRO ONE PARK PLACE #320 621 NW 53rd Street Address:	
BOCA RATON FLORIDA 33487	
Secretary:	
Address:	
Treasurer:	
Address:	
and the second s	ional
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. Thill Share	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicat	****/
LINDA SHAPIRO V.P. and Director	<u> </u>
(Typed or printed same and capacity of person signing application)	

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRO TRAVEL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRO TRAVEL, INC." WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Edward J. Freel, Secretary of State

2650952 8300

AUTHENTICATION:

8060150

960231514

DATE:

08-08-96