

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED AND FILED

98 MAR -3 PM 2: 29

DOCUMENT # G93544

1. Corporation Name  
 CORONADO TRAVEL, INC

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 104 FAULKNER ST 104 FAULKNER ST  
 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

800002452189-- 1  
 -03/10/98--01046--003  
 \*\*\*908.75 \*\*\*908.75

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/28/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2386767	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILLIAM L ROSS, JR	221 N CAUSEWAY	NEW SMYRNA BEACH, FL 32169
V	E H MCLAUGHLIN	223 QUAY ASSISI	NEW SMYRNA BEACH, FL 32169
T	PETER E MALLORY	436 QUAY ASSISSI	NEW SMYRNA BEACH, FL 32169
D	JOHN T WILLIAMSON	830 SAWGRASS LN	NEW SMYRNA BEACH, FL 32168

**REINSTATEMENT** 97-98

*a. d. m. p.*  
 3/3/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
William L. Ross, Jr 221 N, Causeway New Smyrna Beach, Fl. 32169		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Jim L. Ross* REGISTERED AGENT MUST SIGN Date 3-3-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Peter G. Mallory* Feb 27, 1998  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CPRE040 (1/98)