

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 FEB 14 AM 10:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 226172

1. Corporation Name

TRAVEL HOUSE OF AMERICA

W00-912

Principal Place of Business

Mailing Address

206 U.S. Hwy 27 CLERMONT FL

P.O. Box 121087 CLERMONT FL 34712

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

10.27.89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3223781

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

08-2000

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for JOSEE DESROCHERS.

REINSTATEMENT 08-2080

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Janina A. Anderson, Street Address: 10302 Dylan Street, City: Orlando, State: FL, Zip Code: 32825

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

Signature of Janina A. Anderson

REGISTERED AGENT MUST SIGN

Date: /feb 08..00

11. This corporation owes 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...

SIGNATURE:

Signature of Josee Desrochers

JOSEE DESROCHERS

Date: 1.06.00

Daytime Phone #: 352 243 1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)