

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 07, 2009  
Secretary of State**

DOCUMENT# L67877

Entity Name: GENERAL WHOLESALERS TRAVEL & TOURS, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

2742 BISCAYNE BLVD  
MIAMI, FL 33137 US

**Current Mailing Address:**

**New Mailing Address:**

2742 BISCAYNE BLVD  
MIAMI, FL 33137 US

FEI Number: 65-0190520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATZ, SARAH  
2742 BISCAYNE BLVD.  
MIAMI, FL 33137 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SARAH MATZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATZ, SARAH  
Address: 2742 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: RODRIGUEZ, MAIKEL  
Address: 2742 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: MATZ, ISAAC  
Address: 2742 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH R. MATZ

P

10/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date