

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M26262

1. Corporation Name

THE TRAVEL CLUB INC

2. Principal Office Address

1425 PONCE DE LEON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1425 PONCE DE LEON BLVD

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/22/86

5. FEI Number

59-2630485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROSSANNA MENDEZ

Street Address (P.O. Box Number is Not Acceptable)

1425 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 04/08/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROSSANNA MENDEZ	1425 PONCE DE LEON BLVD	CORAL GABLES FL 33134

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/03

Date

305-774-0040

Daytime Phone #

CR2E081 (10/02)

25 4/10

April 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

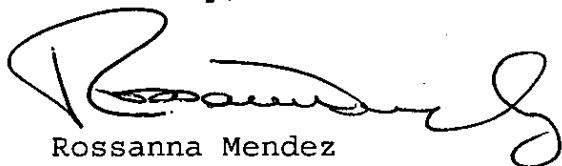
**RE: Reinstatement Section
THE TRAVEL CLUB INC.
M26262**

Pursuant to our conversation, enclosed please find our check in the amount of \$308.75 and a duly executed reinstatement form.

Please waive the reinstatement fee as our annual reports were never received by us.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rossanna Mendez', with a large, stylized flourish at the end.

Rossanna Mendez
The Travel Club Inc.
1425 Ponce de Leon Blvd
Coral Gables, FL 33134