

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000116648

1. Corporation Name

AIR TRAVEL MANAGEMENT, INC.
901 Ponce de Leon Blvd.
8th Floor
Miami, Florida 33134

2. Principal Office Address

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

8th Floor

City & State

Miami, Florida

Zip

33134

Country

USA

3. Mailing Office Address

2222 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Penthouse

City & State

Coral Gables, Florida

Zip

33134

Country

USA

REINSTATEMENT 03

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

10-30-02

5. FEI Number

30-0125943.

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

Mary Lou Rodon Alvarez

Street Address (P.O. Box Number is not acceptable)

2222 Ponce de Leon Blvd.,

Suite, Apt. #, Etc.

Penthouse

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 October 8, 2003

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
P/D	DOLARA, Peter J.	901 Ponce de Leon Blvd. 8th Floor	Miami, Florida 33134

10. I certify that and officer or director hereof either is a resident of this state or is a resident of another state and is qualified to do business in this state under chapter 607 or 617, F.S. If the officer or director is a resident of another state, I certify that the officer or director is qualified to do business in this state under chapter 607 or 617, F.S. If the officer or director is a resident of another state, I certify that the officer or director is qualified to do business in this state under chapter 607 or 617, F.S. The information indicated on this application is true and correct and I understand the legal effect of the same.

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR
Peter J. Dolara, President

10-08-03

Date

Daytime Phone #

CR2E081 (10/02)

71 10/17

SCHREIBER RODON-ALVAREZ, P.A.

ATTORNEYS AT LAW
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FLORIDA 33134-5039
TELEPHONE 305-445-8881
FACSIMILE 305-445-6761

MARY LOU RODON-ALVAREZ

Email mrodon@sralaw.com

October 8, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn: Corporate Reinstatement Division

Ref: Reinstatement/waiver of penalty
Air Travel Management, Inc.
Document #902000116648
Our File No.: 1564-04

Dear Sirs:

Please note, that our client Air Travel Management, Inc., did not receive their Uniform Business Report for 2003.

Enclosed please find a reinstatement form duly signed by the new registered agent and a director of the corporation.

We also enclose a check in the sum of \$158.75 to cover the fees.

Please send us a certificate of status at your earliest convenience.

Thanking you in advance for your cooperation.

Should you have any questions, please contact our office.

Sincerely,

SCHREIBER RODON-ALVAREZ, P.A.

BY:


Mary Lou Rodon-Alvarez

MRA/II