

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPROPRIATE
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 28 PM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000066808**
1. Corporation Name
MY TRAVEL AGENT, INC

Principal Place of Business Mailing Address
**1668 Main St.
Sarasota, FL 34236**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 417 South Tamiami Trail		3. New Mailing Office Address, If Applicable Same		4. Date Incorporated or Qualified To Do Business in Florida 8-7-96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0721150	
City & State Venice FL		City & State		Applied For Not Applicable	
Zip 34205		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for 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	Joseph A Bruno Jr	320 BARLOW AVE	Sarasota, FL 34232
D/VP	Joseph A Bruno Sr	22 South Palm Ave	Sarasota FL 34236
D/VP	Ralph W. Combs	500 Jessica	Nokomis, FL 34275
VP	Linda Combs	500 Jessica	Nokomis, FL 34275
			100002332771--0
			-10/29/97--01086--022
			****173.75 ****173.75

8. Name and Address of Current Registered Agent Joseph A Bruno Jr 320 Barlow Ave Sarasota, FL 34232	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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 **Joseph A Bruno Jr** Date **10-23-97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Joseph A Bruno Jr** Date **10-23-97** Daytime Phone # **941-921-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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MY TRAVEL AGENT
DOC# 96000066808

To: Division of Corporations
Re: Annual report filing fee

To whom it may concern,

Due to a change of address last year we did not receive the application for annual report. Due to my lack of experience with these matters we were left unaware of the outcome. When I called in to inquire about our status I was told to write a letter explaining the circumstances leading to this situation.

We will be very prompt with all future filings. Thanks for your understanding and patience with this matter. Please find a check enclosed for the amount of \$173.75

again thanks!

Sincerely,

Joseph A. Bruno Jr.