

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV 12 AM 11:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000090414**

1. Corporation Name
MONY TRAVEL AGENCY, INC.

Principal Place of Business	Mailing Address
1938 NW 17TH AVE MIAMI FL 33125	1938 NW 17TH AVE MIAMI FL 33125

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	10/21/1997
5. FEI Number	65-0788845
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a 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	4 City / State / Zip
PD	SANCHEZ, EVANGELISTA	1938 NW 17TH AVE	MIAMI FL 33125

200008941942
 11/12/02-01118-020 **150.00

8. Name and Address of Current Registered Agent

SANCHEZ, EVANGELISTA
 1938 NW 17TH AVE
 MIAMI FL 33125

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

2002 UNIFORM BUSINESS REPORT (UBR)

0193387 AV

DOCUMENT # P97000090414

Entity Name
ONY TRAVEL AGENCY, INC.

Principal Place of Business: 138 NW 17TH AVE, AMI FL 33125
Mailing Address: 1938 NW 17TH AVE, MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

Principal Place of Business: Suite, Apt. #, etc.
City & State

4. FEI Number: 65-0788845
Applied For: Not Applicable

Zip: Country, Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, EVANGELISTA
1938 NW 17TH AVE
MIAMI FL 33125

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST- ZIP	PD SANCHEZ, EVANGELISTA 1938 NW 17TH AVE MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like entries.

SIGNATURE: X *[Signature]*

OFFICE COPY

4/26/02

CR2E034 (9/01)

MONY TRAVEL AGENCY, INC.
1938 N.W. 17th AVENUE
MIAMI, FLORIDA 33125
(305) 545-5012

November 5, 2002

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

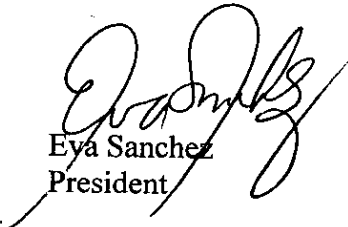
To Whom It May Concern:

Enclosed please find a signed corporate registration form and our check #2235 for \$150.00 for the annual filing fee. Apparently, the initial registration form (copy attached) mailed to you on April 26, 2002 was lost in the mail, which included our check #2015 dated 4/26/02. This check is still outstanding as per our checkbook records, which would confirm that the envelope was indeed lost in the mail.

Due to reasonable cause as explained above, we respectfully request that our corporation be reinstated and the penalties and reinstatement fees be waived. These penalties and fees would pose a severe financial hardship on our business, which is struggling to make ends meet under the current market conditions.

Thanking you in advance for your consideration in this matter, we remain,

Very truly yours,


Eva Sanchez
President