

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000006471			
1. Corporation Name CUBA TRAVEL SERVICES, INC.			
Principal Place of Business 2733 PONCE DE LEON BLVD. 2ND FLOOR CORAL GABLES FL 33134		Mailing Address 2733 PONCE DE LEON BLVD. 2ND FLOOR CORAL GABLES FL 33134	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable 3760 Kilroy Airport Way Suite, Apt. #, etc. Long Beach, CA 90806 Country Los Angeles	
		4. Date Incorporated or Qualified To Do Business in Florida 11/20/2000	
		5. FEI Number 95-4727906	
		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
PC	HERNANDEZ YAMILET	2733 PONCE DE LEON BLVD, 2ND FLO	CORAL GABLES FL 33134
Mr.	George Tejadilla	3760 Kilroy Airport Way Suite 560	Long Beach, CA 90806
Ms.	Delbra Richardson	3760 Kilroy Airport Way Suite 560	Long Beach, CA 90806
Ms.	Vanita Nicolas	3760 Kilroy Airport Way Suite 560	Long Beach, CA 90806
Mr.	LeRoy Brorson	3760 Kilroy Airport Way Suite 560	Long Beach, CA 90806
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
RICHARD J. DIAZ, P.A. 2701 SW 3 AVE MIAMI FL 33129		Name Craig A. Hammond, CPA Street Address (P.O. Box Number is Not Acceptable) 2733 Ponce De Leon Blvd. Suite, Apt. #, Etc. 2nd Floor City Coral Gables State FL Zip Code 33134	
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 <i>[Signature]</i> SIGNATURE REQUIRED Date 10/23/01 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: <i>[Signature]</i> SIGNATURE REQUIRED		10/23/01 310-772-2822 Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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CR2E040 (8/01)



October 16, 2001

Ms. Michelle Milligan
DIVISION OF CORPORATIONS
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Milligan:

Thank you very much for your prompt and courteous attention to my inquires yesterday. You are definitely an asset to the Divisions of Corporations.

As I mentioned over the phone, we never received a notification from you office regarding the corporation annual report/uniform business report, accordingly I would like to request that CUBA TRAVEL SERVICES, INC., be reinstated.

Attached you will find a check for \$150.00 and Application for Reinstatement for your consideration.

Thanking you in advance, I remain

Your Truly,

MICHAEL ZUCCATO
General Manager

MZ:jp

www.CubaTravelServices.com

3760 Kilroy Airport Way, Ste. 560 Long Beach, CA 90806
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2733 Ponce de Leon, 2nd Floor Coral Gables, FL 33134
Ph. 305.476.9400 Fax: 305.446.0560