


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000055015**

1. Corporation Name

**B.I.R.D. TRAVEL AGENCY, INC**

Principal Place of Business

Mailing Address

1136 US 19  
HOLIDAY FL 34691  
US

1136 US 19  
HOLIDAY FL 34691  
US

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

07/12/1995

5. FEI Number

59-3329204

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RALSTON, BARBARA J	1136 US 19	HOLIDAY FL 34691

200004670932--3  
-11/07/01--01054--018  
\*\*\*\*300.00\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RALSTON, BARBARA J  
1136 US 19  
HOLIDAY FL 34691

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.

Signature of  
Registered Agent **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-14-01

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 14,2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Division of Corporations:

We did not receive a Uniform Business Report for the year 2001. Our understanding is that we should have received one earlier in the year for \$150.00. Being that we never received it we are requesting that you please send us one and abate any penalties and accept the \$150.00 filing fee enclosed.

Thank you,

*Barbara Keaton*