

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 DEC -2 PH 4: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048054

1. Corporation Name

FOREST TRAVEL AGENCY OF DADELAND MALL, INC.

Principal Place of Business

7543 DADELAND MALL. #112  
MIAMI FL 33156

Mailing Address

7543 DADELAND MALL. #112  
MIAMI FL 33156



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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/1995

5. FEI Number

65-0965895

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SALAZAR, YULIETH	15634 S.W. 55TH ST	MIAMI FL 33185

200009294952  
12/02/02--01039--004 \*\*150.00

8. Name and Address of Current Registered Agent

SALAZAR, YULIETH  
15634 S.W. 55TH ST  
MIAMI FL 33156

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

*Yulieth Salazar*  
REGISTERED AGENT MUST SIGN

Date

11/16/02

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:

*Yulieth Salazar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



*202*

*People With The Right Connections*

Miami November 23, 2002

Department of State  
Division of Corporation  
PO box 6327  
Tallahassee, Fl 32314

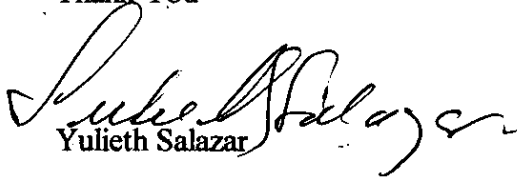
I received a notice of dissolution of our Corporation on Nov /2002

The reason that we haven't filed the 2002 report is because we never received those forms.

Therefore, I kindly request from you to waived us the reinstatement fee and to let us file the report .

Please find the enclosed check in the amount of \$150.00 for a profit Corporation

Thank You

  
Yulieth Salazar