

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K26120

1. Entity Name
TRANSMARES TRAVEL, INC.



Principal Place of Business
200 SE 1ST STREET #506
MIAMI, FL 33131

Mailing Address
200 SE 1ST STREET #506
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
25 SE 2ND AVENUE

3. Mailing Address
25 SE 2ND AVENUE

Suite, Apt. #, etc.
540

Suite, Apt. #, etc.
540

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131 Country
USA

Zip
33131 Country
USA

03232007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0082302 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALDI, ROSALIA
200 S.E. 1ST STREET
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
GALDI, ROSALIA
Street Address (P.O. Box Number is Not Acceptable)
25 SE 2ND AVENUE
SUITE 540
City
MIAMI FL Zip Code
33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **ROSALIA GALDI, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GALDI, ROSALIA
200 SE 1ST STREET #506
MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
B 8/6/0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
REINSTATEMENT 06-07 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GALDI, ROSALIA
25 SE 2ND AVENUE SUITE 540
MIAMI FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100108197861
02/16/07--01036--023 **900.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROSALIA GALDI** (305) 372-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
07 AUG -3 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

