

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 290243

1. Corporation Name

BRADENTON TRAVEL SERVICE, INC.

Principal Place of Business

Mailing Address

540 12TH STREET WEST
P.O. DRAWER 1000
BRADENTON FL 34205-7411

540 12TH STREET WEST
P.O. DRAWER 1000
BRADENTON FL 34205-7411

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

548 12th St. W.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

34205

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1995

5. FEI Number

59-1097688

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
X	PLUM, GARY W	1500 9TH ST. WEST	PALMETTO FL
D	CARLSON, LINDA	4334 15TH WAY	PALMETTO FL
XP	CABANILLAS, DENISE	4334 15TH WAY	PALMETTO FL
X	PLUM, MICHELLE A	1500 9TH ST. WEST	PALMETTO FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~PLUM, GARY W~~
~~1500 9TH ST WEST~~
~~PALMETTO FL 33681~~

9. Name and Address of New Registered Agent

Name
DENISE CABANILLAS
Street Address (P.O. Box Number is Not Acceptable)
548 12th St. W
Suite, Apt. #, Etc.
City
BRADENTON
State
FL
Zip Code
34205

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

Denise Cabanillas
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Denise Cabanillas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENISE CABANILLAS, PRESIDENT

10/7/96 (941) 748-0065
Date Daytime Phone