

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN 13 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 377060

1. Corporation Name

DAVIE TRAVEL AGENCY, INC.

W98-29192

Principal Place of Business

8848 STATE ROAD 84
DAVIE FL 33324

Mailing Address

8848 STATE ROAD 84
DAVIE FL 33324



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		4. Date Incorporated or Qualified To Do Business in Florida 02/11/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1356265	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOAN L. NEHLS	8848 STATE ROAD 84	DAVIE, FL 00000
VPD	NEHLS, HOWARD A.	8848 STATE ROAD 84	DAVIE, FL 00000
SD	DELEO, S. PAUL	4431 SW 64TH AVE.	DAVIE FL
			800002747908--0
			-01/20/99--01063--020
			****150.00 ****150.00
			97-99 1/13/99
STATEMENT			

8. Name and Address of Current Registered Agent

NEHLS, HOWARD A.
8848 STATE ROAD 84
DAVIE FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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]
REGISTERED AGENT MUST SIGN

12-21-98
10-1-91
1-10-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-98
10-1-91

Date

Daytime Phone #

954
412-1960

CR2040 (8/97)