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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 PM 12:23

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 414333

1. Corporation Name
NEW DIMENSION TRAVEL, INC.

Principal Place of Business
3300 RICE STREET
MIAMI, FLORIDA 33133

REINSTATEMENT 98-99

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	
5. FPI Number		Applied For		12/11/1972	
59-1640026		Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
FD	SYLVIA A. JACKSON	3300 RICE STREET	MIAMI, FLORIDA 33133
VTS	GEOFFREY JACKSON	3300 RICE STREET	MIAMI, FLORIDA 33133

6. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
GEOFFREY JACKSON 3300 RICE STREET MIAMI, FLORIDA 33133		Name Street Address (P.O. Box Number is not Acceptable) Mailing Apt. #, etc. City	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0303, F.S.

Signature of Registered Agent: *Geoffrey Jackson* GEOFFREY JACKSON Date: OCT 20 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (Use other page 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 of 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 110.07(3)(b), 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.

SAS
SIGNATURE: *Sylvia A. Jackson* SYLVIA A. JACKSON - PRESIDENT OCT 20 1999

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

CORPORATION REINSTATEMENT

NEW DIMENSION TRAVEL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75