PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97 REINSTATEMENT

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

APPROVED AND FILED

97 DEC 11 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **484685**

1. Corporation Name

TREK INTERNATIONAL SAFARIS, INC.

Principal Place of Business	Mailing Address
~~8440 SOUTHPOINT PARKWAY, #100~~	~~8440 SOUTHPOINT PARKWAY, #100~~
~~PO BOX 19065~~ 1503 The Greens Way	~~PO BOX 19065~~ P.O. BOX 1305
~~JACKSONVILLE FL 32216~~ Jacksonville Beach, Fla. 32250	~~JACKSONVILLE FL 32216~~ Ponte Vedra Bch, Fla. 32004

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
1503 The Greens Way	P.O. Box 1305
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Beach, Fla.	City & State: Ponte Vedra Beach, Fla.
Zip: 32250 Country: USA	Zip: 32004 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/1975

5. FEI Number: 59-1889655 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CLOANINGER, MICHAEL C	102 RITA RAE LANE	JACKSONVILLE BEACH FL
V	HANBURRY, MILTON H JR	3063 CYPRESS CREEK DR N	PONTE VEDRA BEACH FL
~~ST~~	~~CLOANINGER, SHIRLEY~~ deceased	~~7944 LOS ROBLES COURT~~	~~JACKSONVILLE FL~~
V	HANBURRY, CARA C	3063 CYPRESS CREEK DR. N.	PONTE VEDRA BEACH FL
		REINSTATEMENT 97	
			A. Alan 12/11/97

8. Name and Address of Current Registered Agent

CLOANINGER, MICHAEL C
~~8440 SOUTHPOINT PARKWAY, STE. #100~~ 1503 The Greens Way
~~JACKSONVILLE, FL~~
~~32216~~ Jacksonville Beach, Fla 32250

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc. 200002974122--4
-12/16/97--01114--023

City ****750.00 State FL Zip Code ****750.00

CR2E040 (8/97)

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 Michael C. Cloaninger Date 12/05/97
REGISTERED AGENT MUST SIGN

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: Cara C Hanburry V.P. 12/2/97 273-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cara C. Hanburry