

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

DOCUMENT # 547693

99 JAN -6 AM 8:53

1. Corporation Name

American International Travel Agency, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT 98

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

2. New Principal Office Address, If Applicable 100 2ND Ave South Suite, Apt. #, etc. Suite 1010 City & State St. Petersburg FL Zip 33701		3. New Mailing Office Address, If Applicable 100 2ND Ave South Suite, Apt. #, etc. Suite 1010 City & State St. Petersburg Zip 33701		4. Date Incorporated or Qualified To Do Business in Florida 9/27/77	
				5. FEI Number 59-1781587	
				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
DC	Robert P. Gordon	234 21ST Ave NE	St. Petersburg, FL 33701
STD	Paul W. Henry	516 Lawrence Road	Chestnut Hill, MA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name Robert P. Gordon	
		Street Address (P.O. Box Number is Not Acceptable) 234 21ST Ave NE	
		Suite, Apt. #, Etc.	
		City St. Petersburg	State FL

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

Robert P. Gordon
REGISTERED AGENT MUST SIGN

Date

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:

Robert P. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-897-4005
Daytime Phone #

CH25040 (1/98)