

Annual Report PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 576126

1. Corporation Name  
AEROMAR TRAVEL SERVICE INC.

FILED

99 SEP 17 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

980 ANAULD RD  
SUITE 302  
ANNAPOLIS, MD 21403

SAME

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

6/19/78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1829515

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Titles	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	CHRISTOPHER GORDON	980 ANAULD RD, SUITE 302	ANNAPOLIS, MD 21403
SD	SCOT P WEST	980 ANAULD RD, SUITE 302	ANNAPOLIS, MD 21403
VD	RUPERT GREEN	980 ANAULD RD, SUITE 302	ANNAPOLIS, MD 21403

600002989986-5

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 NAYS STREET  
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

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 Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Deborah D. Skipper  
as its agent

Date

9-17-99

11. This corporation owes 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOT P WEST, SECRETARY

Date

9/16/99

Daytime Phone #

410 280 2553



ACCOUNT NO. : 072100000032

REFERENCE : 378249 7159514

AUTHORIZATION :

*Patricia Pizant*

COST LIMIT : \$ 558.75

ORDER DATE : September 17, 1999

ORDER TIME : 11:37 AM

ORDER NO. : 378249-005

CUSTOMER NO: 7159514

CUSTOMER: Mr. Scot West  
Aero Mar Travel Service, Inc.  
980 Awald Road  
Suite 302  
Annapolis, MD 21403

ANNUAL REPORT FILING

NAME: AEROMAR TRAVEL SERVICE INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
SEP 17 11:12:00  
TALLAHASSEE, FLORIDA