

Annual Report PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 SEP 17 PM 2:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 576126

1. Corporation Name
 AEROMAR TRAVEL SERVICE INC.

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	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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. 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 HAYS 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	
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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 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: SCOT P WEST, SECRETARY 9/16/99 410 280 2553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)



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 21 AM '99
 TALLahassee FLORIDA