PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		TOE TREATE	TEE IITO			DEI OILE	_	THE THICK THE EN	•
i	RPORATION STATEMENT		;		Smith y of Sta			02 SEP 24 AM SECRETARY OF TALLAHASSEE, IR	
DOCU	JMENT #				•			a a to toology. An	LO-ADA
The	Travel Ce	nter of Ta	illahasse	e Ind	~ .				
	rter Numbe			,	- .	i e c	33	0000802	01071010
2. Principal Office Address 3370 West Lakeshore Dr.			3. Mailing Office Address P.O. Box 3607					*****308.0	0 ****300.0
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				1			
						To Do Bus	porated or Qualified — — siness in Florida Decemb	Ser 12 11978	
City & State		City & State				5. FEI Numb	er	Applied For	
Tallahassee, EL Zip Country			- Tallahassee, FL			59=187	70111	Not Applicable	
3231	1	ŚA	32315		US		6. CERTIFICAT	E OF STATUS DESIRED 🔲 🥨	75 Additional Fee require for a Certificate of Status
	Name		7. N	ame and A	ddress of	Current Registe	red Agent		
!	Street Address (P.0	n W. Quin D. Box Number is No Vest Lakes assee	t Acceptable)	ive				State Zip Code FL 32312-136	05
8. I, being	appointed the register	ed agent of the abov	e named corpo	ration, am fa	amiliar wit	h and accept the c	bligations of secti	ion 607.0505 or 617.0503, F.S	
Signature of Registered A		RF	GISTERED AG	FNT MUST	SIGN		·	_{Date} <u>Septemb</u>	per 11, 2002
9. Names	and Street Addresses					tions must list at la	/motorable tage		
Titles		Name of s and/or Directors	or briedly (1 to	nda nonpro	Stre	et Address of Eac er and/or Directo	h	City / Sta	ate / Zip
P/D	Clifton W. Quinly			3370 West Lakeshore Dr.			re Dr.	Tallahassee,	FL 32312
V/S/D	William J.	Quinly		3370	West	Lakeshor	e Dr.	Tallahassee,	FL 32312
T/D	Edith C.	Quinly		4228	Wood	hill Cour	t	Tallahassee,	FL 32303
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this rein owed by	istatement application,	the reason for disso been paid and the n	lution has been ames of individ	eliminated, uals listed or	the corpor this form	rate name satisfies do not qualify for	the requirements an exemption und	peter 607 or 617, F.S. I further of section 607.0401 or 617.0 er section 119.07(3)(i), F.S. Ti	401, F.S., that all fees
SIGNAT	URE: CLA	AND TYPED OR PRIM	Junte WED NAME OF S	Clifte		Quinly	11		385-3366 rtime Phone #

J 9/24/02

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703 Mannin Manna e Shireen • Talllaharseed. FL/32302-6178 of (B50) 224-6464 of Fbx (B50) 224-6763

Florida/State/University Univion • Prob. Box of Order of Talllahased, FL/32302-2626 • (B60) 661-6100 of Flax (B50) 561-9104

-X P.O. Box 3607, Tallahassee, FL 32315



September 11, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations:

On September 27, 1999, The Travel Center of Tallahassee, Inc. (TTC) signed an agreement with Adventures in Travel of Tallahassee, Inc. (AIT) for the sale of selected assest of TTC to AIT.

The closing occurred on November 5, 1999 to be effective as of November 8, 1999. At that time, the location at 703 North Monroe Street, Tallahassee, FL 32303, ceased to be a functioning location for The Travel Center of Tallahassee, Inc.

Another tenant leased the 703 North Monroe Street location from the landlords. While we filed a forwarding address with the post office to forward all our mail to P.O. Box 3607, Tallahassee, FL 32315. We never received any filing forms after the documents ithat kept us as an active corporation after the 2000 filing.

It has been our intent to retain the corporation as an active entity at least until AIT had met all it's obligations to TTC.

As directed by your office, enclosed is our check no 14035 in the amount of \$300.00 to request reinstatement of the corporation to a continuing active status.

It would also be helpful if you will advise when the document for the next filing will be due to be mailed to us to prevent any future loss of active status until we actively agree to dissolve the corporation.

Sincerely,

Clifton W. Quinly

President

CWQ/HS encl.

