

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2248.75

APPLICATION FOR REINSTATEMENT

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



FILED

97 JUN -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840993

1. Corporation Name

JAMAICA RESERVATION SERVICE Limited, Inc.

W97-12133

Principal Place of Business Mailing Address
 1320 S. DIXIE HIGHWAY, SUITE 1102 1320 S. DIXIE HIGHWAY
 CORAL GABLES, FLORIDA 33146 CORAL GABLES, FLORIDA 33146

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 06/09/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1789086	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
C	COOKE, Bohn	5-7 DUNROBIN AVENUE,	KINGSTON 10, JAMAICA
D	SLOLEY, Paul	686 HALF MOON ST.	MONTEGO BAY, ST. JAMES, JAMAICA
D	FORD-WARNER, Karen	64 KNUITSFORD BOULEVARD	KINGSTON 5, JAMAICA
D	HOBSON, Clive	5 MONTCLAIR TERRACE	KINGSTON 6, JAMAICA
D	THOMPSON, Heron	75 RED HILLS ROAD	KINGSTON 20, JAMAICA
D	BROWN, Canute	80 DUKE STREET	KINGSTON, JAMAICA
D	JAMES, Sam	NEGRIL	NEGRIL P.O., JAMAICA
D	RANCE, Frank	RUNAWAY BAY	ST. ANN, JAMAICA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALRETT, MARLENE
 1320 S. DIXIE HIGHWAY
 SUITE 1102
 CORAL GABLES, FLORIDA 33146

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 300002206233--2
 City -06/09/97--01149--019
 ***2257-50 Zip 06062
 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 *Marlene L. Gamb*
 REGISTERED AGENT MUST SIGN

Date 5/16/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *Marlene L. Gamb*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/97 3056671774
 Date Daytime Phone #

CR20040 (12/96)