

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 10 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002298

1. Corporation Name

All Continents Travel

2. Principal Office Address

11099 S. La Cienega Blvd.

Suite, Apt. #, etc.

Suite 210

City & State

Los Angeles CA

Zip

90045

Country

USA

3. Mailing Office Address

11099 S. La Cienega Blvd.

Suite, Apt. #, etc.

Suite 210

City & State

Los Angeles CA

Zip

90045

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Apr 24, 2000

5. FEI Number

95-3940250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Ibrahim YILMAZ

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

915 Middle River Dr

Suite, Apt. #, Etc.

Suite 410

City

Ft. Lauderdale

State

FL

Zip Code

33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/08/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Huseyin Ozyurtcu	11099 S. La Cienega Bl. #210, La Angeles	Los Angeles CA 90045
VP	Eren Tufan Aksoy	3724 Spencer St #407	Torrance CA 90503

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-03 310 6456144

Daytime Phone #

CR2E001 (10/02)