



# F01000005464

ACCOUNT NO. : 072100000032  
REFERENCE : 080699 7121921  
AUTHORIZATION : *Patricia Pizito*  
COST LIMIT : \$ 70.00

FILED  
01 OCT 19 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 18, 2001

ORDER TIME : 12:09 PM

ORDER NO. : 080699-005

CUSTOMER NO: 7121921

300004645723--7

CUSTOMER: Mr. Robert Santucci  
Ms. Lisa Gneo  
18 Broadway

Malverne, NY 11565

BK

FOREIGN FILINGS

NAME: (CIT) CONTACTS IN TRAVEL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER: \_\_\_\_\_

RECEIVED  
01 OCT 19 PM 12:56  
DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

FILED  
OCT 19 1998  
TALLAHASSEE, FLORIDA

1. (CIT) CONTACTS IN TRAVEL, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE

(State or country under the law of which it is incorporated)

3.

11-3437098

(FEI number, if applicable)

4. 05/17/98

(Date of incorporation)

5.

"Perpetual"

(Duration: Year corp. will cease to exist or "perpetual")

6. "Upon Qualification"

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 18 Broadway, Malverne, New York 11565

(Principal office address)

18 Broadway, Malverne, New York 11565

(Current mailing address)

8. Travel Related Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Laura R. Dunlap  
as its agent

Corporation Service Company

*Laura R. Dunlap*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Lisa M. Gneo

Address: 18 Broadway

Malverne, NY 11565

Director: Robert F. Santucci

Address: 18 Broadway

Malverne, NY 11565

B. OFFICERS

President: Lisa M. Gneo

Address: 18 Broadway

Malverne, NY 11565

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

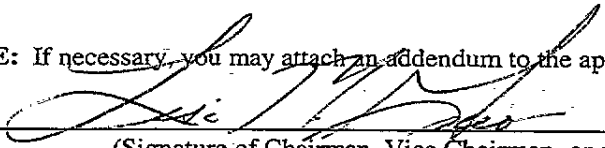
Secretary: Robert F. Santucci

Address: 18 Broadway , Malverne, NY 11565

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa M. Gneo, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 01  
OCT 19 PM 2:09  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "(CIT) CONTACTS IN TRAVEL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "(CIT) CONTACTS IN TRAVEL, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1397987

DATE: 10-18-01