PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000004324**

1. Corporation Name

TRAVEL WITH MARIEANNE INC.

Principal Place of Business	Mailing Address
3455 SUNSET AVE. SCOTTSMOOR FL 32775	PO BOX 477 SCOTTSMOOR FL 32775-0477

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/23/2002

5. FEI Number: 25-1824828 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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	4 City / State / Zip
P	SYVERSON, MARIEANNE	PO BOX 477	SCOTTSMOOR FL 32775

700024338387
10/31/03--01032--014 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SYVERSON, BRENT 3455 SUNSET AVE. SCOTTSMOOR FL 32775	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Brent Syverson — Date: 10/29/03
REGISTERED AGENT MUST SIGN

11. 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: Marieanne Syverson / Marieanne Syverson / Pres & CEO — 10/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/28/03

I have just received this notice. Document # F02000004324. Please have me properly reinstated. Enclosed is the $150.00. I called the 850-245-6059 and explained that I have never before received any other written or called request. Since my agency is new and our address is new I cannot explain why I have never before received any other mail concerning this matter.

Please update your records accordingly and accept this as proof that I have responded. Your assisistance is greatly appreciated...

Brent Syverson

Brent Syverson