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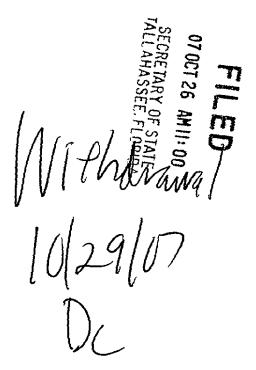
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALL YEAR TRAVEL AGENCY INC. (Name of Corporation)
DOCUMENT NUMBER: F0600000480
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARNOLD MARKOWITZ
(Name of Person)
ALL YEAR TRAVEL AGENCY INC. (Firm/Company)
(Firm/Company)
6772 CHIMERE TERRACE
(Address)
BOYNTON BEACH FL. 33437 (City/State and Zin/code)
(City/State and Zip code)
For further information concerning this matter, please call:
Appen MANK order of GIY 1709 Voll - CELL
(Name of Person) at (914) 7994716 - CELL (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section MAILING ADDRESS: Amendment Section
Division of Corporations — Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

(Name of Corporation)

(Document Number of Corporation (if known)
(Document Number of Corporation (in known)
New York STATE (Incorporated Under Laws of)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
BOYNTON BCH FL 33437 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary by that fiduciary) (Date) (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35