

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005141

FILED  
Oct 15, 2009  
Secretary of State

Entity Name: ISRAM WHOLESALE TOURS & TRAVEL, LTD., INC.

## Current Principal Place of Business:

233 PARK AVE SOUTH  
10TH FL  
NEW YORK, NY 10003

## New Principal Place of Business:

## Current Mailing Address:

233 PARK AVE SOUTH  
10TH FL  
NEW YORK, NY 10003

## New Mailing Address:

FEI Number: 13-2599501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PECKMAN, ARLENE  
250 174TH ST  
APT 108  
SUNNY ISLES BEACH, FL 33160 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ARLENE PECKMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: GELBER, ABRAHAM ADY  
Address: 233 PARK AVENUE SOUTH, 10TH FL  
City-St-Zip: NEW YORK, NY 10003

Title: D ( ) Delete  
Name: KRAUS, SHAANAN  
Address: 233 PARK AVENUE SOUTH, 10TH FL  
City-St-Zip: NEW YORK, NY 10003

Title: D ( ) Delete  
Name: HERBERT, MARILYN  
Address: 233 PARK AVENUE SOUTH, 10TH FL  
City-St-Zip: NEW YORK, NY 10003

Title: D ( ) Delete  
Name: FAINARU, MOTI  
Address: 233 PARK AVENUE SOUTH, 10TH FL  
City-St-Zip: NEW YORK, NY 10003

Title: V ( ) Delete  
Name: STRAFTIS, MARIKA  
Address: 233 PARK AVENUE SOUTH, 10TH FL  
City-St-Zip: NEW YORK, NY 10003

Title: V ( ) Delete  
Name: BUHASIRA, LISA  
Address: 233 PARK AVENUE SOUTH, 10TH FL  
City-St-Zip: NEW YORK, NY 10002

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM ADY GELBER

CP

10/15/2009

Electronic Signature of Signing Officer or Director

Date