

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000004666

1. Entity Name  
PROTRAVEL INTERNATIONAL INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 23 AM 10:42

Principal Place of Business  
515 MADISON AVENUE  
10TH FLOOR  
NEW YORK, NY 10022

Mailing Address  
515 MADISON AVENUE  
10TH FLOOR  
NEW YORK, NY 10022

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

11122008

REIN-P

CR2E098 (1/07)

REINSTATEMENT

4. FEI Number

13-3189146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, SUSAN  
12000 BISCAYNE BOULEVARD  
MIAMI, FL 33181

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*Susan Rodriguez*

*Susan Rodriguez*

12/19/08

Signature, typed or printed name of registered agent for title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD  
NAME ALEXANDER, PRISCILLA  
STREET ADDRESS 515 MADISON AVENUE, 10TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600138328236  
12/01/08--01044--019 \*\*750.00

TITLE VPT  
NAME SPOHLER, BRUCE  
STREET ADDRESS 158 E 78TH ST  
CITY-ST-ZIP NEW YORK, NY 10075 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
*Bk 12/23/08*

TITLE S  
NAME FINK, TOVA  
STREET ADDRESS 515 MADISON AVENUE, 10TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
INSTANT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/08

646-747-9369