

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F07000004666

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** PROTRAVEL INTERNATIONAL INC.

**Current Principal Place of Business:**

515 MADISON AVENUE  
10TH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

515 MADISON AVENUE  
10TH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

**FEI Number:** 13-3189146      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, SUSAN  
12000 BISCAYNE BOULEVARD  
MIAMI, FL 33181 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:** SUSAN RODRIGUEZ

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:** CPD      ( ) Delete  
**Name:** ALEXANDER, PRISCILLA  
**Address:** 515 MADISON AVENUE, 10TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** S      ( ) Delete  
**Name:** FINK, TOVA  
**Address:** 515 MADISON AVENUE, 10TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10022

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** TOVA FINK

CFO

10/09/2009

Electronic Signature of Signing Officer or Director

Date