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(((H150002834183)))



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To:

Division of Corporations

Fex Number : (850)617-6383

Erom:

Account Name : SFIEGEL & UTRERA, P.A.

Account Number : FCA000000001

Phone : (305)854-6000 Fax Number : (305)860-2076

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	:
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FOREIGN PROFIT/NONPROFIT CORPORATION DREAMS TRAVEL & TOURS INC.

Certificate of Status	0
Certified Copy	0
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NOV 17 2016

H1600B23CAIRON BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

DREAMS TRA	VEL & TOURS INC.		,
	orporation: must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY." "CORPORATION,	,
(If name unavails	able in Florida, enter alternate corporate nam	an adopted for the number of transporting	hydinass in Florida)
NEW YORK.		90-0649622 3	ousmess in Floriday
(State or country 01/20/2011	y under the law of which it is incorporated)	(FEI number, if app.) P.ERPETUAL 5.	
(Date UPON FILING 6.	an perpetual)		
		s in Plorida, if prior to registration) 1507, F.S., to determine penalty liability	/)
2750 N 29th Ave	enue, Suite 115, Hollywood, Florida 33020-	cipal office address) 1516 iling address, if different)	
	et address of Florida registered ageni: (I SPIEGEL & UTI(ERA, P.A.	P.C. Box <u>NOT acceptable</u>)	16 NOV SECRE! TALLAH
Name: Office Address:	1840 SW 22nd Street, 4th Floor		W 16
	Miami	, Florida	
9. Registered ag	(City) ent's acceptance:	(Zip code)	8: 38 [ATE ORIDA
Having been nam designated in this further agree to c duties, and I am f	ned as registered agent and to accept sees application, I hereby accept the appole comply with the provisions of all statute familiar with and accept the obligation. SPIESEL & UTREAN, P.A.	ntment as registered agent and agre is relative to the proper and complet	e to act in this capacity.) c performance of my
,	(Registere	ed agent's signature)	

10. Attached is a certificate of existence duly authent cated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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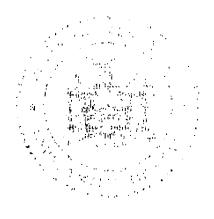
11. Names and business addresses of officers and/or directors:

A. DIRE	Puncet Demak Gurnani			
Chairman:	4705 South Spago Drive	·	, <u> </u>	
Address:	Dublin, California 9456ll			 .
Vice Chai				
Address:	7001 Loisdaic Road			
-	Springfield, Virginia 22150			
Director:				
Address:				
Director:		 	 ,	
Address:		***		
				
B. OFF	•			
President:		7 5€07		
Address:	4705 South Spago Drive		<u>ი</u>	
	Dublin, California 94568		Ş	77
Vice Pres	Amit Goel	SSE	<u></u>	
Address:	7001 Loisdale Road	m <u>q</u>)s=	111
	Springfield, Virginia 22; 50		çç.	
Secretary		DA DA	ဒ္ဗ	
			· 	
Address;				 -
NOTE:	If secossary you may attach an addendum to the application listing additional officers and/	or directo	rs.	
12.	Signature of Director or Officer			
are true a a third d	cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department agree follows as provided for in s.817.155, F.3. eet Depak Gumani, President	facts stated of State	ted here constitu	ein utes
	Thirthd as science rome and appropriate of paying a line application			

H16000283418 3 (Typed or printed name and sapacity of person signing application)

State of New York Department of State ss:

I hereby certify, that the Certificate of Incorporation of DREAMS TRAVEL & TOURS INC. was filed on 01/20/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



16 NOV 16 AM 8:38 SECRETARY OF STATE TAIL AHASSEE PLORIDA

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of November two thousand and sixteen.

Brendan W. Fitzgerald

Executive Doputy Secretary of State

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