


REINSTATEMENT

2006 FOR PROFIT CORPORATION

~~ANNUAL REPORT~~

DOCUMENT # F92408 1. Entity Name AROUND THE WORLD TRAVEL OF SOUTHERN FLORIDA, INC.	
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Principal Place of Business 16520 S. TAMiami TRAIL #215 FT. MYERS, FL 33908 US	Mailing Address 16520 S. TAMiami TRAIL #215 FT. MYERS, FL 33908 US
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DO NOT WRITE IN THIS SPACE

FILED

06 NOV 14 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2207215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUTHRINGER, MARIKA A 967 BEACH RD SANIBEL, FL 33957	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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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 *Mark Luthinger* **VP** *10/24/06* DATE

(NOTE: Registered Agent signatures required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	V
NAME	LUTHRINGER, MARIKA A
STREET ADDRESS	967 BEACH RD
CITY-STATE-ZIP	SANIBEL, FL
TITLE	P
NAME	LUTHRINGER, PAUL J
STREET ADDRESS	967 BEACH RD
CITY-STATE-ZIP	SANIBEL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

REINSTATEMENT *06*

700001365447
10/31/06--01032--011 **\$550.00

700081365447
11/16/06--01063--002 **200.00

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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: *Mark Luthinger* **V.P.** *11/06/06* DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR