PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FOR 6 FILED Secretary of State DIVISION OF CORPORATIONS F94000001483 DOCUMENT # 99 NOV 15 AM II: 23 1. Corporation Name SECRETALIT OF STATE TALLAHASSEE, FLORIDA SUE BROWN TRAVEL CONSULTANT, INC. Principal Place of Business Mailing Address 6100 GLADES ROAD Suite 214 5100 GLADES ROAD Suite 214 BOCA RATON FL 33434 **BOCA RATON FL 33434** If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 03/24/1994 Suite. Apt #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 11-2572412 City & State Not Applicable 6. \$8.75 Additional Fee required Zio Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors **CST** POLODNA, HOLLIS 6100 GLADES ROAD **BOCA RATON FL 33431** CP POLODNA, SUE BROWN 6100 GLADES ROAD **BOCA RATON FL 33431** 400003053334---9 -11/23/93--01067--012 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name POLODNA, SUE BROWN Street Address (P.O. Box Number is Not Acceptable) 6100 GLADES ROAD Suite 214 **BOCA RATON FL 33431** Suite, Apt. #, Etc. State Zip Code ered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the regist Signature of Registered Agent Date 10. 22.99 REGISTERED AGENT MUST SIGN 11. Lertify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

0062610 AF

Peter Zaveruka

PALM PLAZA 824 SOUTHEAST 8TH AVENUE DEERFIELD BEACH, FLORIDA 33441 (954) 427-5878 FAX (954) 725-8154

October 20, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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Re: Sue Brown Travel Consultant, Inc. - Application for Reinstatement

Dear Sir or Madam:

We are enclosing the above referenced Application along with a payment of \$150.00, in accordance with my telephone conversation with Leslie of the Reinstatement Section.

The Taxpayer's Suite Number had been dropped from the address possibly accounting for the fact that the Taxpayer did not receive the Annual Report. There have been some problems with mail not having a Suite Number not being properly routed within the building.

We appreciate your cooperation with the abatement of any delinquent fees.

Very truly yours,

Peter Zaveruka