

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F9600000032

1. Corporation Name

MCGETTIGAN'S TRAVEL BUREAU, INC.

2. Principal Office Address

100 PENN SQUARE EAST

Suite, Apt. #, etc.

11TH FLOOR

City & State

PHILADELPHIA

Zip

19107

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/96

5. FEI Number

23-1550311

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

000004461950-0

-07/06/01--01035--03

***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

VickiAnn Owens

VickiAnn Owens
Special Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

6/5/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/S/D	MARIANNE M. KEHAN	100 PENN SQUARE EAST	PHILADELPHIA, PA 19107
P	CHRISTINE DUFFY	100 PENN SQUARE EAST	PHILADELPHIA, PA 19107
CFO/T	EDWARD A. MELTZER	100 PENN SQUARE EAST	PHILADELPHIA, PA 19107
D	JOHN F. PINO	100 PENN SQUARE EAST	PHILADELPHIA, PA 19107

10. I certify that I am 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 filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 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.

SIGNATURE:

Marianne M. Kehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

(215) 422-1000

Daytime Phone #

CR2E081 (9/00)