(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003898

1. Corporation Name

Biztravel.com, Inc.

Principal Place of Business / Mailing Address

220 East 23rd, Suite 900
New York, NY 10010

REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/96

5. FEI Number: 77-0414904 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number/s) 3	City / State / Zip 4
	SEE ATTACHED		

600002950586--8
-08/04/99--01074--023
***1058.75 ***1058.75

LS

8. Name and Address of Current Registered Agent

Corporate Access, Inc.
236 East 6th Ave.
Tallahassee, FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

DOR/EO40 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Doug Bennett — REGISTERED AGENT MUST SIGN — Date: 7/28/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL W. McCORMICK
Date — Daytime Phone #

(2)

Director	Street Address	City	State	Zip
Julian Brodsky	220 E. 23rd Street Suite 900	New York	NY	10010
John B. Evans	R.E.M. Productions 8-10 W. 19th Street, 10th Floor	New York	NY	10011
Arthur J. Marks	New Enterprise Associates 11911 Freedom Drive Suite 580	Reston	VA	20190
Joseph P. Schoendorf	Accel Partners One Embarcadero Center	San Francisco	CA	94111
Ann L. Winblad	5900 Hollis Street, Suite R	Emeryville	CA	94608