

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002045

1. Corporation Name

CALIFORNIA COAST TRAVEL BUREAU, INC.

Principal Place of Business

Mailing Address

11222 S. LA CIENEGA BLVD. SUITE 459
INGLEWOOD CA 90304-1104

11222 S. LA CIENEGA BLVD. SUITE 459
INGLEWOOD CA 90304-1104

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

10211 W. SAMPLE RD.

10211 W. SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 215

SUITE 215

City & State

City & State

CORAL SPRINGS, FLORIDA

CORAL SPRINGS, FLORIDA

Zip

Country

Zip

Country

33065

USA

33065

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1999

5. FEI Number

95-3218766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	LOPEZ, JOSEFINA	6709 YELLOWSTONE LANE	PARKLAND FL 33067
V	STUBBS, EDGAR	6709 YELLOWSTONE LANE	PARKLAND FL 33067

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUBBS, EDGAR
10211 WEST SAMPLE ROAD, #215
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-2000

11. 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 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

10-24-2000

Date

Daytime Phone #

(954) 227-0000

OCTOBER 24th, 2005

(2)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEAR SIRs:

ACCORDING TO OUR TELEPHONE CONVERSATION TODAY, WITH
YOUR DEPARTMENT, WE ARE ENCLOSING A CHECK FOR
\$ 150⁰⁰ AS PAYMENT FOR THE UNIFORM BUSINESS REPORT
FEE FOR CALIFORNIA COAST TRAVEL BUREAU DOCUMENT
F 99000002045.

WE NEVER RECEIVED THE ORIGINAL REPORT DUE
MAY 1ST, THIS APPLICATION FOR REINSTATEMENT
IS THE FIRST NOTICE WE HAVE RECEIVED.

THANKING YOU IN ADVANCE

SINCERELY,



EDGAR STUBBS