

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # G37209

1. Corporation Name

WORLD TRAVEL AND TOUR, INC.

FILED

01 OCT 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2641 E OAKLAND PARK BLVD
STE 4
FORT LAUDERDALE FL 33306
US

2641 E OAKLAND PARK BLVD
STE 4
FORT LAUDERDALE FL 33306
US

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

05/05/1983

5. FEI Number

59-2285356

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WHITE BERNICE	2685 OAKTREE DR	OAKLAND PARK FL
S	WHITE, HARVEY	2685 OAK TREE DRIVE	OAKLAND PARK FL
VD	WHITE, ALLYN	2051 N.E. 59TH ST.	FT. LAUDERDALE FL
			700004662907--0 -11/01/01--01054--015 ****758.75 ****758.75
		REINSTATEMENT	01 11/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, BERNICE
2685 OAKTREE DR
OAKLAND PARK FL 33309

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bernice White

REGISTERED AGENT MUST SIGN

Date

0ct 12/01

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Allyn White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0ct 12/01 9545631177

Daytime Phone #

CR2E040 (8/01)