

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

60101 WBR
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 2:21

DOCUMENT # 645083

1. Corporation Name

FRANK & ASSOCIATES TRAVEL Agency, Inc

2. Principal Office Address

400-41ST ST. SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

400-41ST STREET

Suite, Apt. #, etc.

SUITE 104

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-83

5. FEI Number

59-229-4060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875*Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARILYN FRANK

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

1814 BAY DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State
FL

Zip Code

33141

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

Marilyn Frank pres
REGISTERED AGENT MUST SIGN

Date

1/29/01

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
PRES	MARILYN FRANK	1814 BAY DR	MIAMI BEACH, FL 33141

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:

Marilyn Frank pres MARILYN FRANK, PRES 1/29/01 305 868-8321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

PSYEWZ

February 5, 2001

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

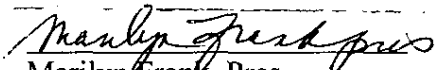
Dear Sir:

Please be advised that I received no notification of renewal of my corporation .
I had to call and request a form to send to you and this is what they sent me.

I am enclosing a check for the year of 2001.

Thanking you in advance for you help.

Sincerely,


Marilyn Frank, Pres.
Frank & Associates Travel agency, Inc.
400 41st Street
Suite 104
Miami Beach, Fl.
33141