PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 FEB -5 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/13/07--01046--026 **1050.00

DOCUMENT # G 66930

1. Corporation Name

MARTIN'S V.I.P TRAVEL Inc.

07/23/04 90005 004

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3191 CORAL WAY	3191 CORAL WAY
Suite, Apt. #, etc. SUITE 120	Suite, Apt. #, etc. SUITE 120
City & State MIAMI, FLORIDA	City & State MIAMI FLORIDA
Zip 33145 Country U.S.A	Zip 33145 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida OCT/28/83

5. FEI Number 59-2336883 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name ALBERT MARTIN

Street Address (P.O. Box Number is Not Acceptable) 7241 S.W 60th STREET

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33143

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Albert Martin Date JAN/31/07

REGISTERED AGENT MUST SIGN

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
P	ALBERT MARTIN	7241 S.W 60th STREET	MIAMI FLORIDA 33143

B 2/6/07

REINSTATEMENT 04-07

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 contained in Chapter 119, 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: Albert Martin ALBERT MARTIN 01/31/07 3/445 3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #