

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

98 MAR -3 PM 2: 29

DOCUMENT # **G93544**

1. Corporation Name

CORONADO TRAVEL, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**104 FAULKNER ST
NEW SMYRNA BEACH FL 32168**

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NEW SMYRNA BEACH FL
32168**

800002452189-- 1
-03/10/98--01046--003
******908.75 ****908.75**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/28/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2386767	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WILLIAM L ROSS, JR	221 N CAUSEWAY	NEW SMYRNA BEACH, FL 32169
V	E H MCLAUGHLIN	223 QUAY ASSISI	NEW SMYRNA BEACH, FL 32169
T	PETER E MALLORY	436 QUAY ASSISSI	NEW SMYRNA BEACH, FL 32169
D	JOHN T WILLIAMSON	830 SAWGRASS LN	NEW SMYRNA BEACH, FL 32168
<div style="text-align: center;"> REINSTATEMENT 97-98 <i>a. d. m. 3/3/98</i> </div>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William L. Ross, Jr
221 N, Causeway
New Smyrna Beach, Fl. 32169

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 *Jim L. Ross* REGISTERED AGENT MUST SIGN

Date **3-3-98**

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

Peter S. Mallory Feb 27, 1998

Date

Daytime Phone #

CR20040 (1/98)