APPLICATION FOR REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # H53545 1. Corporation Name ALL WAYS TRAVEL W/KAY, INC. Principal Place of Business Mailing Address 2316 E. EDGEWOOD DRIVE LAKELAND FL 33803 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 Multing Office Address, If Applicable 3. New Multing Office Address, If Applicable 4. Deter Incorporated or Qualified To Do Business in Florids MAIOR/1985 Suffic. Apt. #, etc City & State City & State City & State City & State The Country To Do State Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Traile(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) A City / State / Zip LAKELAND FL 33803 D WALLACE, CLIFFORD L 4931 BOBBIE AVE LAKELAND FL 33803	
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Name and Address of Current Registered Agent Name Name Name	
SHARP, BRENDA KAY	940 (8/99)
4931 BOBBIE AVENUE LAKELAND FL 33803 Suite, Apt. #, Etc.	
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 Research Control of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent Branda Kay Shap REGISTERED AGENT MUST SIGN Date 10-29-99	
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 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 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 in on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	965
SIGNATURE: BRANCH Hay Sharp 10-29-99 KE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOIS DAY SHARP	