

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 20 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H58858

1. Corporation Name

Traveltyme, Inc.

REINSTATEMENT 06-09

XC 3/23

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 3280 S. Atlantic Avenue		3. Mailing Office Address 3280 S. ATLANTIC AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32118	Country usa	Zip 32118	Country usa

4. Date Incorporated or Qualified To Do Business in Florida 5/24/85	
5. FEI Number 59-2525963	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name GILL, ERIC V.			
Street Address (P.O. Box Number is Not Acceptable) 4393 RIDGEWOOD AVENUE			
Suite, Apt. #, Etc. SUITE 5			
City PORT ORANGE, FL 32019		State FL	Zip Code 32118

☒ 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

Eric V. Gill
REGISTERED AGENT MUST SIGN

Date 3/09/09

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	Nancy Lilly	3 Oceans West	Daytona Beach, FL 32118
V.	James Lilly	3 Oceans West	Daytona Beach, FL 32118

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:

Nancy Lilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/09

Date

386 767-6551

Daytime Phone #