

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 24 AM 10:50

DOCUMENT # H75385

1. Corporation Name

A-1 DISCOUNT TRAVEL SHOPPE, INC.

Principal Place of Business

Mailing Address

11721 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33618

1248 WILTSHIRE RD  
YORK PA 17403  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

11717 NORTH DALE  
Suite, Apt. #, etc. MABRY Highway

3. New Mailing Office Address, If Applicable

2251 TALL OAKS LANE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1985

5. FEI Number

59-2574307

Applied For

Not Applicable

City & State

TAMPA FL

City & State

YORK PA

Zip

33618

Country

USA

Zip

17403

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	POTTEIGER, MICHELE E CAUCHON	1248 WILTSHIRE ROAD 2251 TALL OAKS LANE	YORK PA 17403 17402
V	ABBOTT, THOMAS	11721 N. DALE MABRY 11717 N DALE MABRY Hwy	TAMPA FL 33618

700003457267-0  
-11/08/00--01053--008  
\*\*\*\*550.00 \*\*\*\*550.00

14/3

8. Name and Address of Current Registered Agent

CRAMER, HABER, McDONALD & LEVINE, P.A.  
1311 N. CHURCH AVENUE  
TAMPA FL 33607-2495

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

Michele Cauchon, president  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00  
Date

717 755-1111  
Daytime Phone #

Michele Cauchon, president

(2)

October 18, 2000

Florida Department of State  
PO Box 6327  
Tallahassee, Florida 32314

Michelle Cauchon  
2251 Tall Oaks Lane  
York Pa 17402

Dear Gentleman or Madam,

I am respectfully requesting the reinstatement fee be waived for A-Discount Travel Shoppe, Inc FEE number 59-2574307 because I have recently had a baby daughter born and as a result have been unable to keep up with all ongoing business and correspondence. Please accept our apologies. Thank-you for your consideration.

Sincerely,

Michelle Cauchon

P.S. After speaking with an agent October 18 2000 per her instructions we have enclosed a check for \$550."