

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # J29349

1. Corporation Name

FLORIDA TRAVEL CENTER, INC.

Principal Place of Business

Mailing Address

255 S. ORANGE AVE., SUITE 104
ORLANDO, FL. 32801

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-18-86

5. FEI Number 592708680

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LILLIAN M. MORAN	900 WOODCRAFT DRIVE	APOPKA, FL. 32712
S-T	EDWARD J. MORAN	900 WOODCRAFT DRIVE	APOPKA, FL 32712
D.	LYNN A. MALONEY	299 PHEASANT RIDGE	NEWNAN, GA 30265
D.	CRAG A. MORAN	810-14 LOCH CALDERA DR.	APOPKA, FL. 32712
D.	CARON E. MORAN	810-14 LOCH CALDERA DRIVE	APOPKA, FL. 32712
D.	KRISTEN L. CHAPIRO	220 LONG HIRST LOOP	OCFEE, FL. 34761

8. Name and Address of Current Registered Agent

EDWARD J. MORAN
900 WOODCRAFT DRIVE
APOPKA, FL. 32712

9. Name and Address of New Registered Agent

Name 300002639043-2
-09/15/98--01006--001
Street Address (P.O. Box Number is Not Accepted) 3000.00 ***900.00
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

Edward J. Moran
REGISTERED AGENT MUST SIGN

Date 8-31-98

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

8-31-98 407-880-6942
Date Daytime Phone #