

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J40335

1. Corporation Name

FORTUNE TRAVEL, INC.

2. Principal Office Address

3737 NW 7 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Office Address

P O BOX 350940

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33135-0940

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/1986

5. FEI Number

59-2738376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

FRED HAVENICK

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

369 LEUCADENDRA DRIVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33156

400040338474
08/20/04 01009 001 **301.00

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	FRED HAVENICK	369 LEUCADENDRA DRIVE	CORAL GABLES, FL 33156
D	BARBARA HAVENICK	369 LEUCADENDRA DRIVE	CORAL GABLES, FL 33156
D	MARILYN G. BENJAMIN	7876 W 15 COURT	HIALEAH, FL 33014

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 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:

Fred Havenick

FRED HAVENICK

08-17-04 305-649-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)