

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 # **K16894**

1. Corporation Name

**CONTINENTAL TRAVEL OF CORAL GABLES, INC.**

FILED

96 NOV 20 AM 9: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

116 ALHAMBRA CIR.  
CORAL GABLES FL 33134  
US

Mailing Address

116 ALHAMBRA CIR.  
CORAL GABLES FL 33134  
US

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

03/03/1988

5. FEI Number

05-0034784

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
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	SACHS, SUSAN FIER	1827 BRICKELL AVE.	MIAMI FL
ST	FIER, IRMA J	4781 BOCAIRE BLVD.	BOCA RATON FL
TD	FIER, IRMA J.	116 ALHAMBRA CIR.	CORAL GABLES FL
200002014562--7 11/26/96-01107-025 ****375.00 ****375.00			

8. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

9. Name and Address of New Registered Agent

Name

IRMA J. FIER

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

116 ALHAMBRA CIR.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

11-18-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRMA J. FIER

11-18-96

305-445-7791

Daytime Phone #