

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 20 AM 9: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K16894

1. Corporation Name

CONTINENTAL TRAVEL OF CORAL GABLES, INC.

Principal Place of Business

Mailing Address

116 ALHAMBRA CIR.
CORAL GABLES FL 33134
US

116 ALHAMBRA CIR.
CORAL GABLES FL 33134
US



REINSTATEMENT 96

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/03/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0034784

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 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			

IRMA J FIER

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~XXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

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

IRMA J FIER
SIGNATURE REQUIRED

Date

11-18-96

REGISTERED AGENT MUST SIGN

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)(ii), 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:

IRMA J FIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-96

Date

305-445-7791
Daytime Phone #