PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Compton of Chate

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

K72398

1. Corporation Name

PAPILLON TRAVEL, INC.

Principal Place of Business

Mailing Address

4444 TAMIAMI TRAIL NORTH MARCO ISLAND FL 33940 4444 TAMIAMI TRAIL NORTH MARCO ISLAND FL 33940 SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

00 DEC 26 AM 9: 12



If above a	addresses are incorrect in any way, line.tl	nrough incorrect in	formation and enter	correction below	REINS	TATEMEN		<u></u>
2. New Principal Office Address, If Applicable 3. New Ma			ew Mailing Office Address, If Applicable (52) YDM (AM) TR . N . #4		4. Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, A							Applied For	
City & State City &			s State OPLES				Not Applicabl	е
Zip	Country	Zip FL	Countr	LIER	6. CERTIFICAT	E OF STATUS DESIRED 🔲 (\$	8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corpora	ations must list at lea	est 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	VENEZIALE, JOAN		444 TAMIAMI TRAIL N. 4530 TAMIAMI TR. N.			NAPLES FL 3	34103_	
D	BOZICNIK, AMY P.		444 TAMIAMI TRAIL N. 4530 TAMIAMITK.N			NAPLES FL 34/03_		
		- 						
						0000352 -01/09/01		2
						****750.()) ****750.00	
	8. Name and Address of Current Registered Age		ent -	9. Name and Address of New R		Address of New Registere	d Agent	コ
		Name Street Address (P.O. B						
	EZIALE, JOAN Tamiami trail n . <i>453</i> 0 5			P.O. Box Number is Not Acceptable)			CR2E040 (8/00)	
	ES FL 33940- NAPLE	5 FL .	34103	Suite, Apt. #, Etc	i.			75
		-		City		F	ate Zip Code	
10. I, bein Signature (Registered		bove named corp		ith and accept the o	bligations of Sec	tion 607.0505, F.S. Date	100	
- Cognation Cu		REGISTERED AG	ENT MUST SIGN				/	_

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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/00 941-262-4444 Daytime Phone #

KE
