

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -8 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78721

1. Corporation Name

T. R. Jason, Inc

2. Principal Office Address

4 Sawgrass Village

Suite, Apt. #, etc.

100 - C

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

1999-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/89

5. FEI Number

592939321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark W. Silliman

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

465 Tresca Rd

Suite, Apt. #, Etc.

Jacksonville

City

State

FL

Zip Code

32225

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

Mark W. Silliman

REGISTERED AGENT MUST SIGN

Date

02/28/01

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

CEO

Pres
Treas

Mark W. Silliman

465 Tresca Rd

Jacksonville, FL 32225

Sec'y

Rose Haley

14241 Satinwood Dr

Jacksonville, FL 32224

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)(l), 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:

Mark W. Silliman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/28/01 9042850440

Daytime Phone #

CR2E081 (9/00)

2042

TRAVEL planners

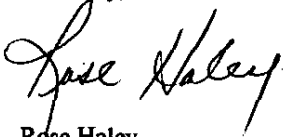
March 6, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, florida 32314

As per my phone conversation with your office enclosed please find our check for \$ 450.00 for re-instatement for Travel Planners. The owner of the agency passed away in June of 1998, at that time the mail was being delivered to her P.O. Box 946 in Ponte Vedra, Florida. The new owner Mr. Silliman never received the paperwork from Tallahassee at the agencies location so he was never aware it had been cancelled.

Your assistance and understanding in this matter is most appreciated.

Sincerely,



Rose Haley
Agency Director