


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <p>APPLICATION FOR REINSTATEMENT</p> |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | <p style="text-align: right; font-size: 1.2em;">FILED</p> <p style="text-align: right;">97 JAN 24 AM 10:48</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------------|-------------------------------------|---|----------------------|------------------|------------------------|---|-------------------------------|-----------------------|------------------------|---------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>DOCUMENT # <u>K91449</u></p> <p>1. Corporation Name <u>TRAVELFAST COURIER, INC</u> <u>D/B/A FOUNTAINEBLEAU TRAVEL</u></p> | | <p>900002070959--9 -01/28/97--01142--011 ****575.00 ****575.00</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Principal Place of Business Mailing Address</p> <p><u>10630 FONTAINEBLEAU BLVD</u> <u>MIAMI, FL 33172</u></p> | | <p>REINSTATEMENT <u>15-96</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____</p> | | <p>3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>4. Date Incorporated or Qualified To Do Business in Florida _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>5. FEI Number <u>65-0128070</u></p> <p>Applied For _____ Not Applicable _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><u>PRESIDENT</u></td> <td><u>LOUIS SAMANIEGO</u></td> <td><u>1834 NE 214th TERR</u> <u>NO. MIAMI BCH, FL 33179</u></td> <td><u>N. MIAMI BCH, FL 33179</u></td> </tr> <tr> <td><u>VICE PRESIDENT</u></td> <td><u>KLARA SAMANIEGO</u></td> <td><u>1834 NE 214th TERR</u></td> <td><u>N. MIAMI BCH, FL 33179</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | 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 | <u>PRESIDENT</u> | <u>LOUIS SAMANIEGO</u> | <u>1834 NE 214th TERR</u> <u>NO. MIAMI BCH, FL 33179</u> | <u>N. MIAMI BCH, FL 33179</u> | <u>VICE PRESIDENT</u> | <u>KLARA SAMANIEGO</u> | <u>1834 NE 214th TERR</u> | <u>N. MIAMI BCH, FL 33179</u> | | | | | | | | | | | | | | | | |
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| <p>8. Name and Address of Current Registered Agent</p> | | <p>9. Name and Address of New Registered Agent</p> <p>Name <u>LOUIS E. SAMANIEGO</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>1834 NE 214th TERR</u></p> <p>Suite, Apt. #, Etc. _____</p> <p>City <u>NO. MIAMI BCH</u> State <u>FL</u> Zip Code <u>33179</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>12/1/96</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right;">(See other side for information on intangible tax.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SIGNATURE: <u>[Signature]</u></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> | | <p>Date <u>12/1/96</u> (305) 552-1119</p> <p style="text-align: right;">Daytime Phone #</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CPE040 (12/95)