L09000025698

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -9 PM 1:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000025698

1. Corporation Name
CTOCTRAVEL LLC

10

400187579934

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3942 Sw St Lucie Lane	3942 SW St Lucie Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FL	City & State: Palm City, FL
Zip: 34990 Country: US	Zip: 34990 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/16/2009

5. FEI Number: ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Vernon W Jones, Assistant VP Date: 11/8/10

REGISTERED AGENT MUST SIGN

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
Manager Member	CHRISTINE L. LEEDS	3942 SW ST LUCIE LN.	PALM ~~BEH~~ CITY, FL. 34990
		REINSTATEMENT 2010	

10. E-mail Address: CLEEDS@PROTRAVELINC.COM.
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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: Christine Leeds. CHRISTINE LEEDS NOV 5th. 2010.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CSC

CORPORATION SERVICE COMPANY

L09000025698

ACCOUNT NO. : I20000000195

REFERENCE : 569837 7696558

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : November 8, 2010

ORDER TIME : 9:0 AM

ORDER NO. : 569837-005

CUSTOMER NO: 7696558

RECEIVED
10 NOV -9 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CTOCTRAVEL LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS BK

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