

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L28045**

1. Corporation Name

THE, TRAVEL EXCHANGE SOUTH, INC.

Principal Place of Business

6716 UNIVERSITY DRIVE
6726 NORTH UNIVERSITY DR.
TAMARAC FL 33321
US

Mailing Address

6716 N UNIVERSITY DRIVE
6726 NORTH UNIVERSITY DR.
TAMARAC FL 33321
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	11/03/1989	SP
5. FEI Number	65-0154451	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status		

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	4 City / State / Zip
PDV	GLICKMAN, LORI C	6716 N UNIVERSITY DRIVE	TAMARAC FL
VP	NALL, CHUCK	6716 N UNIVERSITY DR	TAMARAC FL
S	SCANNAVINO, FRANK	6716 N UNIVERSITY DR	TAMARAC FL
			600003078176--3
			-12/22/99--01071--004
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

DIAMOND, BARRY ESQ.
5701 NORTH PINE ISLAND RD
STE 20
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name	Lori Glickman
Street Address (P.O. Box Number is Not Acceptable)	6716 N. University Dr.
Suite, Apt. #, Etc.	
City	Tamarac
State	FL
Zip Code	33321

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

REGISTERED AGENT MUST SIGN

Date

12/10/99

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 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)(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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/99

9547219520