

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 13 PM 12:06

DOCUMENT #

1. Corporation Name

L 28045

The Travel Exchange South, Inc.
dba Woodmont Travel

2. Principal Office Address

6716 N. University Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

6716 N. University Dr.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

Zip

33321

Country

US

Zip

33321

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/89

5. FEI Number

65-0154451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Lori Glickman

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

6716 N. University Drive

Suite, Apt. #, Etc.

City

Tamarac

State
FL

Zip Code

33321

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

Date 3/11/02

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
P/V/D 1/5	Lori Glickman	6716 N. University Dr.	Tamarac, FL 33321

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)(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

3/11/02

Date

(954) 721-9590

Daytime Phone #

CR2E081 (9/01)