

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28045

1. Corporation Name

THE TRAVEL EXCHANGE SOUTH, INC.

Principal Place of Business

6716 N UNIVERSITY DRIVE
TAMARAC FL 33321
US

Mailing Address

6716 N UNIVERSITY DRIVE
TAMARAC FL 33321
US



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0154451

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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
PVDT	GLICKMAN, LORI Kenner, Lori	6716 N UNIVERSITY DRIVE	TAMARAC FL
S	GLICKMAN, LORI Kenner, Lori	6716 N UNIVERSITY DRIVE	TAMARAC FL

100023965201
10/21/03--01040--007 **150.00

8. Name and Address of Current Registered Agent

~~GLICKMAN, LORI~~ Kenner, Lori
6716 N UNIVERSITY DRIVE
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/03

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

Lori Kenner

10/16/03

Date

954 721-9590

Daytime Phone #

CR2E040 (7/03)

2/2



6716 N. University Drive • Tamarac, FL 33321 • (954) 721-9590 • (800) 537-4750 • Fax: (954) 721-6711
www.travelwoodmont.com

October 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please be advised that The Travel Exchange South, Inc. dba Woodmont Travel did not receive any prior UBR notices. Enclosed please find our application for reinstatement and a check for \$150.00 to file the report for the above named for-profit corporation.

Lori Kenner
President