

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L44370**

1. Corporation Name

FUGAZY INTERNATIONAL TRAVEL

Principal Place of Business

Mailing Address

**6006 SW 18th Street
Boca Raton, Florida 33433**

400002391164--3
-01/06/98--01069--027
****923.75 ****923.75

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

1/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0620329

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Yvonne S. Boice	6006 SW 18th Street, #B6	Boca Raton, FL 33433
V.	Aimee Kretz	6006 SW 18th Street, #B6	Boca Raton, FL 33433
T D	Drew M. Levitt, Esq.	1301 W. Newport Center Drive	Deerfield Beach, FL 33442
S	Lauren A. Boice	6006 SW 18th Street, #B6	Boca Raton, FL 33433

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Betty Allen
1301 W. Newport Center Drive
Deerfield Beach, FL 33442**

Name
Yvonne S. Boice
Street Address (P.O. Box Number is Not Acceptable)
6006 SW 18th Street
Suite, Apt. #, Etc.
Suite B6
City
Boca Raton
State
FL
Zip Code
33433

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 *Yvonne S. Boice*
REGISTERED AGENT MUST SIGN

Date **12/12/1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Yvonne S. Boice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/97
Date

561.447-7555
Daytime Phone #