

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 5

**CORPORATION REINSTATEMENT**

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

DOCUMENT #

1. Corporation Name  
 T.M. Expeditions

2. Principal Office Address  
 215 NE 97<sup>st</sup>

3. Mailing Office Address  
 215 NE 97<sup>st</sup>

City & State  
 Miami Shores, Fla - MIAMI SHORES, FL

Zip Country  
 33138 USA

4. Date Incorporated or Qualified To Do Business in Florida  
 7/16/1990

5. FEI Number  
 59 190 3557

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 DEC 27 PM 3:04

L 87767-2000  
 97 UAR

97-01

7. Name and Address of Current Registered Agent

Name  
 Arnold Gorentz

Street Address (P.O. Box Number is Not Acceptable)  
 315 NE 95<sup>st</sup>

Suite, Apt. #, Etc.

City  
 Miami Shores

State Zip Code  
 FL 33138

000004745360--0  
 -12/31/01--01077--001  
 \*\*\*\*150.00 \*\*\*\*150.00

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 12/13/01

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     |
|--------|-----------------------------------|--|------------------------|
| Pres.  | Arnold R. Gorentz                 | 215 NE 95 <sup>st</sup>                        | Miami Shores, FL 33138 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

000004745360--0  
 -12/31/01--01077--002  
 \*\*\*\*615.00 \*\*\*\*615.00

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: \_\_\_\_\_ Date 12/13/01 Daytime Phone # 3057584800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (8/00)

18

Dec 22, 01

2099

Barbora

Tim Expeditions

Please fax to 305 258 1667

a note indicating my reinstatement.

Thanks for your help.

Merry Christmas.

Arndt Geneutz

Tel. 305 258 4800

888 555 1118

305

Dec 18, 2001

Dept of State / Corporate Div.  
Attention: Barbara Mitchell.

Re: L87767

A pleasure speaking to you. I would appreciate  
your efforts in expediting my request as I am  
in the process of applying for a SBA Disaster loan.  
If you could please fax to office at 305 758 1667  
a letter indicating my reinstatement or being done I would  
be very happy.

Thank you

Arnell R. Curtis

Tel. 305 758 4800

4 of 5

## T.M. EXPEDITIONS

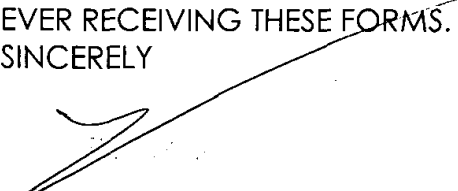
215 Northeast 97<sup>th</sup> Street, Miami Shores, Florida 33138 \* tel 305.758.4800 \* toll free 800.327.7937 \* fax 305.758.1667 \* email: Cigar31546@aol.com

DECEMBER 13, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399

RE: CORPORATE REINSTATEMENT  
DOCUMENT L87767  
FEI 59 1903557

AS TO THE FAILURE TO FILE CORPORATE PAPERS. I HAVE NO RECORD OF  
EVER RECEIVING THESE FORMS.  
SINCERELY



ARNOLD R. GUREVITZ

5055

# T.M. EXPEDITIONS

215 Northeast 97th Street, Miami Shores, Florida 33138 \* tel 305.758.4800 \* toll free 800.327.7937 \* fax 305.758.1667 \* email:Cigar31546@aol.com

NOVEMBER 30, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399

RE: CORPORATE REINSTATEMENT  
DOCUMENT L87767  
FEI 59 1903557

AS TO THE FAILURE TO FILE CORPORATE PAPERS. I HAVE NO RECORD OF EVER RECEIVING THESE FORMS. THE BOOKKEEPER DURING THIS TIME IS NO LONGER WITH US. FURTHER MY PERSONAL SITUATION WITH A DIVORCE AND CHILD CUSTODY DISPUTE KEPT MY ATTENTION FROM THE COMPANY. I GREATLY APPRECIATE YOUR CONSIDERATION.

SINCERELY

ARNOLD R. GUREVITZ

My Fax  
305 758 1667

Look for blue background on the front of this check and the ImageSafe® logo on back. If not present, do not cash.

**T. M. EXPEDITIONS TRAVEL MASTER INC.**  
**OPERATING ACCOUNT**  
215 N.E. 97TH STREET  
MIAMI SHORES, FL 33138-2403

DATE 11/29/01

17873

63-27/631 FL 1066

PAY TO THE ORDER OF Department of State \$ 750.00

Seven Hundred and Fifty Dollars

**NationsBank**  
NationsBank, N.A.  
ACH R/T 003100277

FOR 591903557 Reinstatement

11017873 1063100277 000503600211