

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 30 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M68168

1. Corporation Name

AMERICAN SUPER TRAVEL, INC.

Principal Place of Business

Mailing Address

2890 B UNIVERSITY
CORAL SPRINGS
MIAMI FL 33065
US

2890 B. UNIVERSITY D
CORAL SPRING
MIAMI FL 33065
US

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

2. New Principal Office Address, If Applicable

13831 SW 34 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13831 SW 34 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1988

5. FEI Number

65-0043743

Applied For

Not Applicable

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
DV	SUAREZ, NANCY C.	11760 BIRD RD. STE 542	MIAMI FL
P	SUAREZ, LUIS C.	11760 BIRD RD. STE 542	MIAMI FL
S	SUAREZ, LUIS A.	11760 BIRD RD., STE 542	MIAMI FL

000002707440-0
-12/03/98-01072-023
****150.00 ****150.00

APR 12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUAREZ, NANCY C.
11760 BIRD RD. SUITE 542
117
MIAMI FL 33175

Name NANCY C SUAREZ
Street Address (P.O. Box Number is Not Acceptable)
13831 SW 34 ST
Suite, Apt. #, Etc.
City MIAMI
State FL Zip Code 33175

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98

Date

305-552-9922

Daytime Phone #

CR20040 (9/98)



American Super Travel, Inc.

11-23-98

Florida Department of State
Division of Corporations

Re: Application for Reinstatement

To whom it may concern:

As I explained in my telephone conversation with your office, this is the first notice that I receive for my corporation's reinstatement. I never received the first and second notice.

Since this is the first time this ever happens your office instructed me to fill out the application and send a check for the amount of \$150.00.

I am sorry for any inconvenience this has caused. Enclosed please find the application together with the check.

If you need any further assistance, please do not hesitate to contact me.

Sincerely,

Nancy C. Suarez
Vice President