

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB 28 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152007 REIN-P CR2E098 (1/07)

DOCUMENT #M87875 1. Entity Name GOOD FRIENDS TRAVEL SERVICE, INC.					
Principal Place of Business 1345 N. HWY A-1-A UNIT 603 INDIALANTIC, FL 32903 US		Mailing Address 1345 N. HWY A-1-A UNIT 603 INDIALANTIC, FL 32903 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2901176		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERSON, ARTHUR B 1406 SO RINVERSIDE DR INDIANATLANTIC, FL 32903			7. Name and Address of New Registered Agent Name DAVID G. HERRMAN Street Address (P.O. Box Number is Not Acceptable) 3625 WILLOW LAKE CT. City ST. CLOUD, FL Zip Code 34769		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>David G. Herrman</i></u> DAVID G. HERRMAN 2/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEVERSTEIN, PATRICIA J. 1345 N HWY A1A UNIT 603 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	400092348954 03/13/07--01014--030 **300.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE: <u><i>Patricia J. Beverstein</i></u> PATRICIA J. BEVERSTEIN		Date 02/24/2007		Daytime Phone #	

(321) 953-9951

3/1/07