


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> FILED 97 SEP 26 AM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # MO4874 Persons-Landsec Travel, Inc 1. Corporation Name DBA Landsec Travel, Inc.					
Principal Place of Business 9455 Koger Blvd, Suite 110 St. Petersburg FL 33702			Mailing Address 		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida August 18, 1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-1588444	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SP.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		
Pres	MARGARET C. LADD	6426 Mockingbird Lane	Clearwater FL 33760		
VP	FRED G LADD, JR	" "	" "		
Sec	CRAIG B. SWINK	9455 Koger Blvd	St Pet FL 33702		
				JB-25-97	
				A-25-97	
8. Name and Address of Current Registered Agent LARRY DILLAHUNTY, 248 1ST Ave NORTH St Petersburg FL 33702			9. Name and Address of New Registered Agent Name CRAIG B SWINK Street Address (P.O. Box Number is Not Acceptable) 9455 Koger Blvd Suite, Apt. #, Etc. #110 St PETERSBURG State FL Zip Code 33760		
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 Craig Swink 100002304781- - 3 REGISTERED AGENT MUST SIGN Date 09/26/97--01071--008 ****923.75 ****923.75					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: Margaret C. Ladd SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				9/19/97 813-579-0600 Date Daytime Phone #	