

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 27 AM 10:33

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006765**

1. Corporation Name

**FLORIDA ASSOCIATION OF TRAVEL AGENTS, INC.**

Principal Place of Business

Mailing Address

25 S.E. SECOND AVENUE  
 SUITE 1235  
 MIAMI FL 33131

25 S.E. SECOND AVENUE  
 SUITE 1235  
 MIAMI FL 33131

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/01/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0828582	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) **200003529357-3**

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City/State/Zip
D	GALDI, ROSALIA	TRANSMARES TRAVEL 200 S.E. 1ST S	MIAMI FL 33131
D	HALAS, GYORY	NEW PORT TOURS, INC. 150 S.W. 2N	MIAMI FL 33131
D	MAGALHAES, CARLA	NEW PORT TOURS 115 S.W. 2ND ST.	MIAMI FL 33131
D	NUNES, ANDRE	DUMONDE TRAVEL 168 S.E. 1ST ST.	MIAMI FL 33131
D	RODRIGUES, TONY	BRAZILIAN WAVE TOURS 1881 N.W. 2	FT. LAUDERDALE FL 33305
D	SANTOS, FRED	FREDSON TRAVEL 100 N. BISCAYNE B	MIAMI FL 33132

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SANTOS, MAURO C 25 S.E. SECOND AVENUE SUITE 1235 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite City	
		<p style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</p> <p style="text-align: right; font-size: 2em; font-weight: bold;">78</p>	
		State: <b>FL</b> Zip Code: _____	

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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: 12/21/00

11. 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 12/20/00 (305) 577-8422 Daytime Phone #