

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000009499

FILED
Nov 09, 2004
Secretary of State

Entity Name: ADVENTOURS & TRANSPORTATION, INC.

Current Principal Place of Business:

1437 COLLINS AVE.
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

12540 VISTA ISLE DR.
SUITE 1125
SUNRISE, FL 33325 US

Current Mailing Address:

P.O BOX 398-932
MIAMI BEACH, FL 33239 US

New Mailing Address:

FEI Number: 65-0978528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUNOZ, MARIA R
1437 COLLINS AVE.,
MIAMI BEACH, FL 33138 US

Name and Address of New Registered Agent:

MUNOZ, MARIA R
12540 VISTA ISLE DRIVE
SUITE 1125
SUNRISE, FL 33325 US

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.

SIGNATURE: /MARIA RENEE MUNOZ/

11/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONOZ, MARIA
Address: 1437 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: MORALES, RUTH M
Address: 1437 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUNOZ, MARIA R
Address: 12540 VISTA ISLE DRIVE # 1125
City-St-Zip: SUNRISE, FL 33325

Title: V (X) Change () Addition
Name: MORALES, RUTH M
Address: 13819 MISSION OAK BLVD.
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /MARIA RENEE MUNOZ/

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11/09/2004

Electronic Signature of Signing Officer or Director

Date