

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000092539

1. Corporation Name
ALL WAYS TO TRAVEL, INC.

2001 UBR

Principal Place of Business Mailing Address

7341 LAKE WORTH RD 7341 LAKE WORTH RD
 LAKE WORTH FL 33467 LAKE WORTH FL 33467

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. 7351 Lake Worth Rd		Suite, Apt. #, etc.		10/02/2000	
City & State Lake Worth FL		City & State		5. FEI Number 65-1045967	
Zip 33467		Country USA		<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75-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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPS	DUNNE, JEANETTE	7341 LAKE WORTH RD 7351 Lake Worth Rd	LAKE WORTH FL 33467
DM	Renee mattice	7351 Lake Worth Rd	4
D	Tricia Palladino	7351 Lake Worth Rd	200004733142--4 -12/19/01--01059--012 ****150.00 ****150.00
			01 UBR 178

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DUNNE, JEANETTE 7341 LAKE WORTH RD LAKE WORTH FL 33467	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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: *JR Dunne* **Jeanette R. Dunne** *10/26/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 01 DEC 11 PM 1:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR2E040 (8/01)

2 of 2

All Ways To Travel

Formerly Away To Travel

7351 Lake Worth Road
Lake Worth, FL 33467
(561) 964-2900
FAX (561) 967-4988

October 26, 2001


Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Harris

I received a notice of administrative dissolution of revocation as of September 21, 2001. This is the first time I have received this form. I have been in New York for the past month and did not receive this form before.

Please accept my apology attached is a check for \$150.00 to take care of our Corporation filing fee.

Thank you,


Jeanette R. Dunne
President