

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P00000106283

TRAVEL QUOTES. COM, INC
(Travelquotes.Com, Inc.)

REINSTATEMENT 01-02

2. Principal Office Address

3. Mailing Office Address

1427 Ponce de Leon

1427 Ponce de Leon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02/08/01 90042 010 \$150.00

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

Country

33134

Zip

Country

33134

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

ROSSANNA MURDER

10000772961

-09/13/02--01034-015

Street Address (P.O. Box Number is Not Acceptable)

1427 Ponce de Leon PKVD.

****758.75 ****758.75

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rossanna Murder

REGISTERED AGENT MUST SIGN

Date

8-15-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.O.	ROSSANNA MURDER	1427 Ponce de Leon	CORAL GABLES, FL 33134

10. 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:

Rossanna Murder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-15-02

Daytime Phone #

CR2E081 (9/01)

8-15/02