

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED


02 SEP -9 PH 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800007833678--3  
-09/18/02--01067--008  
\*\*\*\*758.75 \*\*\*\*758.75

REINSTATEMENT 2001-2002

02/08/01 90048 029 \$150.00

|   |                |  |                |
|---|----------------|--|----------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                            |                |  <b>FLORIDA DEPARTMENT OF STATE<br/>Jim Smith<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                |
| <b>DOCUMENT #</b> <u>P00000 106286</u>                          |                |  |                |
| <b>1. Corporation Name</b><br><u>TRAVEL QUOTES, INC.</u>        |                |  |                |
| <b>2. Principal Office Address</b><br><u>1427 Ponce de Leon</u> |                | <b>3. Mailing Office Address</b><br><u>1427 Ponce de Leon</u>  |                |
| Suite, Apt. #, etc.   |                | Suite, Apt. #, etc.  |                |
| <b>City &amp; State</b><br><u>CORAL GABLES FL</u>               |                | <b>City &amp; State</b><br><u>CORAL GABLES FL</u>  |                |
| <b>Zip</b><br><u>33134</u>                                      | <b>Country</b> | <b>Zip</b><br><u>33134</u>   | <b>Country</b> |

|   |  |
|---|--|
| <b>4. Date Incorporated or Qualified<br/>To Do Business in Florida</b>      |  |
| <b>5. FEI Number</b>  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> |  |

**7. Name and Address of Current Registered Agent**

|  |                           |                                 |
|--|---------------------------|---------------------------------|
| <b>Name</b><br><u>ROSSANNA MENDER</u>  |                           |                                 |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br><u>1427 Ponce de Leon Blvd.</u> |                           |                                 |
| <b>Suite, Apt. #, Etc.</b>   |                           |                                 |
| <b>City</b><br><u>CORAL GABLES</u>   | <b>State</b><br><u>FL</u> | <b>Zip Code</b><br><u>33134</u> |

**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** [Signature] **Date** 8-15-02  
**REGISTERED AGENT MUST SIGN**

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

| <b>Titles</b> | <b>Name of<br/>Officers and/or Directors</b> | <b>Street Address of Each<br/>Officer and/or Director</b> | <b>City / State / Zip</b>        |
|---------------|--|---|----------------------------------|
| <u>P.O.</u>   | <u>ROSSANNA MENDER</u>                       | <u>1427 Ponce de Leon</u>                                 | <u>CORAL GABLES FL<br/>33134</u> |
|               |  |   |                                  |
|               |  |   |                                  |
|               |  |   |                                  |
|               |  |   |                                  |
|               |  |   |                                  |

**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:**

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-02  
Date

Daytime Phone #

CR2E081 (9/01)