

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000006953

1. Corporation Name

IVIPTickets, Tours and Travel, Inc.

2. Principal Office Address - No P.O. Box #

813 NW 4th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 737

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

Zip

33302-0737

Country

USA

7. Name and Address of Current Registered Agent

Name

Carl Sams

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

813 NW 4th Ave

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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

Carl Sams

REGISTERED AGENT MUST SIGN

Date Dec 28, 2011

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 |
|--------|--------------------------------------|---|-----------------------|
| CEO | Carl Sams | 813 NW 4th Ave | Ft Lauderdale / 33311 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: carl @ iviptickets.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Carl Sams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 28, 2011

Date

305 538-7530

Daytime Phone #

REINSTATEMENT

08-11

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 15/2001

5. FEI Number

651070491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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01/03/12--01042--003 **1208.75