

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 14 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011614

1. Corporation Name

GTS / GROUP TRAVEL SERVICES, Inc

2. Principal Office Address - No P.O. Box #
11921 S. Dixie Hwy #205

Suite, Apt. #, etc.
#205

City & State
MIAMI FLORIDA

Zip Country
33156 USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Same

City & State
Same

Zip Country
Same

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-1089460

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Serge OHAYON

Street Address (P.O. Box Number is Not Acceptable)
11921 S. Dixie Hwy

Suite, Apt. #, Etc.
#205

City State Zip Code
MIAMI FL 33156

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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
REGISTERED AGENT MUST SIGN

Date Dec 11-07

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
PD	Serge OHAYON	11921 S. Dixie Hwy #205	MIAMI FL. 33156

300113136133
12/14/07--01010--015 **450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dec 11/07 (305 322 1365)
Daytime Phone #

DEC 14 2007