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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 PM 2:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000043256**

1. Corporation Name

SAVASAN TRAVEL CORPORATION

REINSTATEMENT 04-05

03/30/04 90006050 150⁰⁰

2. Principal Office Address

3231 Subal Palm Manor

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

FL

Zip

33024

Country

BROWARD/US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1103463

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

UNAL SAVASAN

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

3231 Subal Palm Manor, # 3

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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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

04/04/2005

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	SAVASAN, UNAL	3231 Subal Palm Manor, #3	HOLLYWOOD, FL 33024

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2005

Date

954-2609641

Daytime Phone #

CR2E081 (01/05)

APRIL 4, 2005

DIVISION OF CORPORATIONS
RE-INSTATEMENT DIVISION

Per our conversation with Michelle Milligan on 4/4/05. We request the re-instatement fee be waived for Savas Travel Corp (PO1000043256). A check was sent timely w/ a report ^{in 2004}. The report was rejected but we never received them. A change of address was sent w/ the report but not logged with the state. All notices were returned to the Department of State. We would appreciate your diligence in this matter.

Respectfully,
Savas
Vnat Savas
President