PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR -8 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043432

1. Corporation Name

Executive Travelware, Inc.

REINSTATEMENT 09-10

600166855416
01/21/10--01043--020 **150.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12801 W. Sunrise Blvd	12801 W. SUnrise BLVD
Suite, Apt. #, etc.: Suite 127	Suite, Apt. #, etc.: Suite 127
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33323 Country: USA	Zip: 33323 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 651120841 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Vijay Melwani

Street Address (P.O. Box Number is Not Acceptable): 1700 NW 96th Avenue

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33322

☒ 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: Vijay Melwani Date: 1/17/10

REGISTERED AGENT MUST SIGN

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	Vijay Melwani	1700 NW 96th Avenue	Plantation, FL 33322
V	Sharmila Melwani	1700 NW 96th Avenue	Plantation, FL 33322
			600166855416 03/03/10--01001--003 **150.00

10. E-mail Address: _____
(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., 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.

SIGNATURE: Vijay Melwani Sharmila Melwani 1/17/10 954 205-4227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #