PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063080

1. Corporation Name
TRAVEL LITE TRAVEL AGENCY, INC.

5860 SW 21ST ST.
5860 SW 21ST ST.

REINSTATEMENT 02 05

01/10/05 01033 014 $ 1172.50

2. Principal Office Address	3. Mailing Office Address
5860 SW 21ST ST.	5860 SW 21ST ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HOLLYWOOD FL	HOLLYWOOD FL
Zip: 33026 Country: US	Zip: 33026 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 08/20/2001

5. FEI Number 20-1411484 — 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: RENAE HARRIS

Street Address (P.O. Box Number is Not Acceptable): 10820 SW 200TH DR., STE. 333

Suite, Apt. #, etc.

City: MIAMI State: FL Zip Code: 33157

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: X Renae Harris — REGISTERED AGENT MUST SIGN — Date: Jan 5th 05

CERTIFICATE #61704

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JUNE MCLEAN	5860 SW 21ST ST.	HOLLYWOOD FL 33026

000047510799
03/01/05--01056--020 **27.50

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: X June McLean — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Jan 5th 05 — Daytime Phone #

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