

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000064585

1. Entity Name
EUROJACKY TRAVEL INC.



FILED

04 NOV -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1100 WEST 29 STREET, STE. I
HIALEAH, FL 33012

Mailing Address
1100 WEST 29 STREET, STE. I
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

10292004

REIN-P

CR2E098 (6/04)

04

4. FEI Number
65-1152766

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLARK, CARLOS~~
~~1750 W. 46 ST., APT. #341~~
~~HIALEAH, FL 33012~~

Name JACQUELINE CLARK.

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

1750 WEST 46 ST. # 341

City HIALEAH

FL

Zip Code 33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/29/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CARLOS	
STREET ADDRESS	1750 W. 46 ST., #341	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, JACQUELINE	
STREET ADDRESS	1750 W. 46 ST., #341	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400042352364	
CITY-ST-ZIP	11/01/04--01048--016 **158.75	
TITLE	P VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK JACQUELINE	
STREET ADDRESS	1750 W. 46 ST. # 341	
CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04 (786)290-1313

Date

Daytime Phone #