

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000064585

1. Entity Name
EUROJACKY TRAVEL INC.



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



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

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

7. Name and Address of New Registered Agent

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

TITLE: P
NAME: CLARK, CARLOS
STREET ADDRESS: 1750 W. 46 ST. #341
CITY-ST-ZIP: HIALEAH, FL 33012

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

400042352364
11/01/04-01048-016 **158.75

TITLE: VP
NAME: CLARK, JACQUELINE
STREET ADDRESS: 1750 W. 46 ST. #341
CITY-ST-ZIP: HIALEAH, FL 33012

Delete

TITLE: VP
NAME: CLARK, JACQUELINE
STREET ADDRESS: 1750 W. 46 ST. #341
CITY-ST-ZIP: HIALEAH, FL 33012

Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Change Addition

TITLE: Delete
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STREET ADDRESS: Delete
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Change Addition

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Change Addition

TITLE: Delete
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STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04 (786)290-1313
Daytime Phone #