PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FEORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000075754 DOCUMENT

1. Corporation Name

THE ARTFUL TRAVELER, INC.

OTIS, RAYMOND W

Principal Place of Business

Mailing Address

1511 VIA TUSCANY WINTER PARK FL 32789

Suite, Apt. #, etc.

City & State

Title(s)

D

Zip

1511 VIA TUSCANY WINTER PARK FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.

City & State Zip Country Country

FILED

02 NOV 22 AM 9:00



REMSTATEMENTOZ

5. FEI Number 59-3740916

Applied For Not Applicable

\$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status

City / State / Zip

7.	Names and Street Ad	dresses of Each Officer	and/or Director (Fl	lorida nonprofit corporations must list at least 3 directo	rs)
		Name of Officer	_	Charles Address of Each	

Street Address of Each Officer and/or Director and/or Directors HANCOCK, SUSAN A 1511 VIA TUSCANY

WINTER PARK FL 32789

1511 VIA TUSCANY

WINTER PARK FL 32789

800008780928 11/04/12--01057--018 **600.00

8000008780928 11/22/02--01038--002 **150.00

9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

State_ Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Registered Agent

HANCOCK, SUSAN A

1511 VIA TUSCANY WINTER PARK FL 32789



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 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:



CR2E040