

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 18 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083612

**1. Corporation Name**

HIALEAH-HABANA TRAVEL INC  
5301 NW 189 ST.  
MIAMI, FL 33055

000061552460

11/18/05--01054--003 \*\*300.00

**2. Principal Office Address**

5301 NW 189 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33055

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

CR2E081 (8/05)

04-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/23/2001

**5. FEI Number**

65-1133281

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

RODRIGUEZ-MEDINA, PEDRO

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

5301 NW 189 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33055

**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

*[Signature]*

Date 11/14/2005

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/S/T/D	RODRIGUEZ-MEDINA, PEDRO	5301 NW 189 ST.	MIAMI, FL-33055

11/21

**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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO RODRIGUEZ-MEDINA

Date

11/14/2005

Daytime Phone #

(786)263-2415

HIALEAH-HABANA TRAVEL INC.  
5301 NW 189 St.  
Miami, FL 33055

11/14/2005

Div. of Corporations  
P.O. Box 6327  
Tallahassee, FL 32301

RE: Doc P01000083612

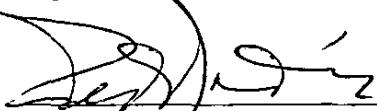
Dear Sir or Madam:

This is to attach the Reinstatement for the corporation of the line of reference, namely Hialeah-Habana Travel, Inc..

The corporation did not receive the Notice for 2004 or 2005. Maybe it was due to our change of address or else. Therefore we are sending the regular fee of \$150.00 per year for a total of \$300.00 U.S.

I apologize for any inconvenience and thank you for your kind understanding.

Respectfully



PEDRO RODRIGUEZ-MEDINA  
President and Director