

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121645

1. Corporation Name

SV TRAVEL CORP

Principal Place of Business

Mailing Address

242 NE 1ST STREET
MIAMI FL 33132

~~242 NE 1ST STREET~~
~~MIAMI FL 33132~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

5. FEI Number

331016188

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VILLANUEVA, SEAN	9651 NW 46 LANE	MIAMI FL 33178
PM	VILLANUEVA, JOY	P.O. BOX 011481	MIAMI FL 33101
MSUP	STAVROPOULOU, CHRISANTHI	1756 N BAYSHORE DR., 19I	MIAMI FL 33132

600008711316
10/30/02--01126--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLANUEVA, JOY
9651 NE 46 LANE
MIAMI FL

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date OCT. 26, 2002

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 26, 2002

Date

Daytime Phone #

CR2E040 (8/02)

OCTOBER 28, 2002

TO WHOM IT MAY CONCERN:

SIR:

THIS IS IN REFERENCE TO THE NOTICE OF ADMINISTRATIVE
DISSOLUTION OR REVOCATION NOTICE I RECEIVED LAST
SATURDAY, OCT. 26, 2002.

THIS COMPANY HAS NOT RECEIVED ANY NOTICES FROM
YOUR OFFICE EXCEPT THIS NOTICE OF DISSOLUTION.

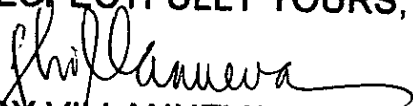
THEREFORE, I KINDLY REQUEST YOUR KIND OFFICE TO WAIVE
THE LATE FEE.

I AM SENDING MY CHECK OF \$150.00 FOR THE APPLICATION
FEE.

ALSO, OUR OFFICIAL MAILING ADDRESS IS: SV TRAVEL CORP.
PO BOX 010446
MIAMI, FL 33101

HOPING FOR YOUR KIND CONSIDERATION.

RESPECTFULLY YOURS,


JOY VILLANUEVA
PRESIDENT
SV TRAVEL CORP
PO BOX 010446
MIAMI, FL 33101