FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 FEB 13 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
Corporation Name: World Travel Health Care, Inc.
P02000012401

REINSTATEMENT 03-04
300028063023
02/13/04--01042--013 **150.00

300028063023
02/02/04--01104--008 **750.00

2. Principal Office Address	3. Mailing Office Address
7700 Congress Ave.	7700 Congress Ave.
Suite, Apt. #, etc.: Suite 1104	Suite, Apt. #, etc.: Suite 1104
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/29/02

5. FEI Number: 74-3027797 ☐ 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: Karen Kluge

Street Address (P.O. Box Number is Not Acceptable): 9117 Carma Dr.

Suite, Apt. # Etc.: ~~(Boynton Beach)~~

City: Boynton Beach | State: FL | Zip Code: 33437

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: Karen Kluge — REGISTERED AGENT MUST SIGN — Date: 1/29/04

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
C, P, ST	Karen Kluge	9117 Carma Dr.	Boynton Beach, FL. 33437

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: Karen Kluge-Ramirez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/29/04 Date — 561-361-7484 Daytime Phone #