

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034768

1. Corporation Name

A & T TRAVEL & TOURS, INC.

Principal Place of Business

5501 TIMUQUANA ROAD
JACKSONVILLE FL 32210

Mailing Address

5501 TIMUQUANA ROAD
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

5501-Timuquana Rd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5601 Timuquana Rd.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

Duval

Zip

32210

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2002

5. FEI Number

☒ 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
P	Belle B. Almojra, MD	340 Devonshire Lane	Orange Park, FL 32073
S/T	Noel R. Tormon	2052 Waterfoot Lane	Jacksonville, FL 32246

500023806785

10/15/03--01025--008 **150.00

8. Name and Address of Current Registered Agent

ALMOJERA, BELLE B M.D.
340 DEVONSHIRE LANE
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

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

Belle B. Almojra

Belle B. Almojra, M.D.

Date 10-11-03

REGISTERED AGENT MUST SIGN

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:

Belle B. Almojra, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-03

Date

Daytime Phone #

CR20040 (7/03)

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested A S T Travel & Tours, Inc.			
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Belle B. Almojera, M.D.	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 5601 Timuquana Rd.		5a Street address (if different) (Do not enter a P.O. box.) 340 Devonshire Lane	
4b City, state, and ZIP code Jacksonville, FL 32210		5b City, state, and ZIP code Orange Park, FL 32210	
6 County and state where principal business is located Fual, Florida			
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, or EIN	

8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____	
---	--	---	--

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
--	-------	-----------------

9 Reason for applying (check only one box): <input checked="" type="checkbox"/> Started new business (specify type) ▶ Travel Agency <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
--	--	--	--

10 Date business started or acquired (month, day, year) April, 2002	11 Closing month of accounting year December 31
---	---

12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ N/A			
---	--	--	--

13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i> ▶	Agricultural	Household	Other
	0	0	0

14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify) Travel Agency

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Travel Agent
--

16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i>
--

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____	
--	--

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code) ()
Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Belle B. Almojera, M.D. - President

Signature ▶ Belle B. Almojera, M.D. Date ▶ 10-11-03

Applicant's telephone number (include area code)

(904) 777-2535

Applicant's fax number (include area code)

(904) 771-1401

A & T TRAVEL AND TOURS

5601 TIMUQUANA ROAD, JACKSONVILLE, FLORIDA 32210
TEL#: (904) 777-2535. FAX#: (904) 771-1401

October 11, 2003

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6367

Dear Sir / Madam:

Enclosed is a completed Application for Reinstatement of our corporation.


We did not received our 2003 Annual Report / Uniform Business Report that is why we were not able to file it. We also did not received the second notice.

Enclosed is a check for \$150.00 payable to Department of State.

Please reconsider your decision and reinstatement of our corporation to active status.

Thank you very much for your kind consideration.

Sincerely,


Belle B. Almojera, M.D.