

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000041509

1. Corporation Name

OM TRAVEL, INC.

Principal Place of Business

13436 SW 108 STREET CIRCLE NORTH
MIAMI FL 33186

Mailing Address

13436 SW 108 STREET CIRCLE NORTH
MIAMI FL 33186

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2002

5. FEI Number

Applied For

TAX ID: 043645709

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
PD	DINESH, SUNITA	13436 SW 108 STREET CIRCLE NORTH	MIAMI FL 33186

400023965504
10/21/03--01040--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DINESH, SUNITA
13436 SW 108 STREET CIRCLE NORTH
MIAMI FL 33186

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

SUNITA DINESH

Date

16 Oct 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:

SUNITA DINESH

Date

16 Oct 2003 3053864041

Daytime Phone #

CR2E040 (7/03)

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Om Travel, Inc.

13436 SW 108 Street Circle North
Miami, FL - 33186

Tel: (305) - 3864041 Fax: (305) - 3828929

Toll Free: 1888 - 3828982

Email: Om_Travel@yahoo.com

To,
SECRETARY OF STATE,

Document Number: P02000041509

Subject: Request to reduce penalty.

Dear Madam,

This is to bring to your attention that we did not receive any documents for renewing OM TRAVEL, INC.

We just learned about this procedure after receiving the above statement of dissolution.

As OM TRAVEL, INC has completed one year as off this APRIL 2003, I would request you to understand our concern. Hence herewith including a check of 150.00usd.

Looking forward to a kind consideration.

Thank you,
SUNITA.DINESH
PRESIDENT

