

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 AM 11:11

DOCUMENT # P02000050229

1. Corporation Name

Florida Travel Bureau, Inc.

2. Principal Office Address

7680 Universal Blvd

Suite, Apt. #, etc.

Ste 198

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

PO Box 174

Suite, Apt. #, etc.

City & State

Windermerc, FL

Zip

34786

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/02

5. FEI Number

01-0686310

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

Stacy J Lyles

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

7680 Universal Blvd

Suite, Apt. #, Etc.

Ste 198

City

Orlando FL 32819

State

FL

Zip Code

32819

700039377487

07/21/04--01028--001 **908 75

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

Stacy J Lyles
REGISTERED AGENT MUST SIGN

Date

7-01-04

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
<u>D</u>	<u>Lyles, Stacy J</u>	<u>PO Box 174</u> <u>Windermerc, FL</u>	<u>Windermerc, FL 34786</u>

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:

Stacy J Lyles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-1-04

Daytime Phone #

407-398-6626

CR2E081 (01/04)