## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					_	The land of				
	ORATION TATEMENT		A DEPARTMENT O Secretary of State VISION OF CORPORATION			03 OCT -3 AM 9: 2 SECRETARY OF STATE TALLAHASSEE, FLORID				
1. Corporation QUINC	MENT # P02000 Name ONES TRAVEL CO S DIXIE HIGHWA	ORP	- Gorani							
2. Principal Of			3. Mailing Office Address			NO UNITED TO	_ <u></u>			
	DIXIE HIGWAY		28728 S DIXIE HIGHWAY							
Suite, Apt. #, etc	c.	Suite, Apt.	Suite, Apt. #, etc.			orated or Qualified				
City & State_		. City & State	City & State		To Do Business in Florida					
	TEAD FL	<del></del>	HOMESTEAD FL		5. FEI Number Applied For					
<sup>Zip</sup> 33033	Country	33033	Country		6. CERTIFICATE		nal Fee required icate of Status			
. [		7.	Name and Address of Cu	rrent Register	ed Agent					
7	JOSE QUINO	NES	<del></del>		<b>600023545326</b> 10/03/0301058016 **150,00					
s	Street Address (P.O. Box Numb	er is Not Acceptable)								
Suite, Apt. #, Etc.										
. · · · · · · · · · · ·	HOMESTEAD State Zip Code 33033									
8. I, being app	pointed the registered agent of the	he above named cor	poration, am familiar with an	nd accept the o	bligations of section	on 607.0505 or 617.0503, F.S.	CR2E081 (10/02)			
Signature of Registered Agent						Date				
			GENT MUST SIGN				°			
·	d Street Addresses of Each Office Name of	cer and/or Director (F	T	Address of Each						
Titles	Officers and/or Directors		Officer and/or Director			City / State / Zip				
P/T JC	JOSE QUINONES		29482 SW 193 CT			HOMETEAD FL 33030				
VP/SEC CA	CARMEN M QUINONES		29482 SW 193 CT			HOMESTEAD FL 33030				
		<u> </u>								
					<del></del>					
		<u> </u>	<u> </u>		<u>,</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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										

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	RPORATION ISTATEMENT		DEPARTMENT OF STAT Secretary of State SION OF CORPORATIONS	ΓE					
1. Corpor	UMENT # P020001 ation Name INONES TRAVEL COR 28 S DIXIE HIGHWAY	₹ <b>P</b>							
	8 S DIXIE HIGWAY	28728 \$	3. Mailing Office Address 28728 S DIXIE HIGHWAY Suite, Apt. #, etc.						
	ESTEAD FL		City & State HOMESTEAD FL		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number 65-0216269  Not Applicable				
Zip 33033	Country	Zip 33033	Country	6.	SE OS STATUS DECISED TO \$8.75 A	Not Applicable  dditional Fee required  certificate of Status			
	T :		ame and Address of Courset Bas		***				
	Name and Address of Current Registered Agent  Name JOSE QUINONES  Street Address (P.O. Box Number is Not Acceptable) 28728 S DIXIE HIGHWAY								
	Suite, Apt. #, Etc.  City HOMESTEAD				State Zip Code FL 33033				
8. I, being Signature of Registered	Agent	REGISTERED AG		the obligations of sect		(CANON) PROJECTION			
9. Names	s and Street Addresses of Each Officer	and/or Director (Flo	rida nonprofit corporations must list	at least 3 directors)	•				
Titles	Name of Officers and/or Direct	ors	Street Address of Officer and/or Di		City / State / Zip				
P/T	JOSE QUINONES		29482 SW 193 CT		HOMETEAD FL 33030				
VP/SEC	CARMEN M QUINONES		29482 SW 193 CT		HOMESTEAD FL 33030				
this rei owed t		dissolution has been the names of individual signature shall have a shall have been the shall have been th	eliminated, the corporate name sat uals listed on this form do not qualif	isfies the requirement y for an exemption und	s of section 607 0401 or 617 0401. F	F.S., that all fees			