

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 2000104567

1. Corporation Name

DFASS\RETAIL TRAVEL SERVICES, INC.

HR

REINSTATEMENT 2003

500024091705
10/24/03- 01050- 018 **750.00

2. Principal Office Address

1166 KANE CONCOURSE

3. Mailing Office Address

1166 KANE CONCOURSE

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

3RD FLOOR

City & State

BAY HARBOR ISLANDS, FL

City & State

BAY HARBOR ISLANDS FL

Zip

33154

Country

USA

Zip

33154

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

02-0656642

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

BERNARD KLEPACH

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

1166 KANE CONCOURSE

Suite, Apt. #, Etc.

3RD FLOOR

City

BAY HARBOR ISLANDS,

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

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
Dir	Bernard Klepach	1166 Kane Concourse 3rd Fl	Bay Harbor Island, Fl 33154

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/03

Date

305-864-5788

Daytime Phone #

CR2E081 (10/02)