

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 NOV 22 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123903  
1. Corporation Name **Travel Retail Group, Inc.**

2. Principal Office Address **3939 N.W. 25th Street**  
3. Mailing Office Address **3939 N.W. 25th Street**

REINSTATEMENT 03-04

Suite, Apt. #, etc.

City & State **Miami, Florida**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number **510466092**  
Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip **33142** Country **Miami-Dade**

7. Name and Address of Current Registered Agent  
Name **Jacob J. Givner**  
Street Address (P.O. Box Number is Not Acceptable) **1177 Kane Concourse**  
Suite, Apt. #, Etc. **Suite #232**  
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 [Signature] Date **11/16/2004**  
REGISTERED AGENT MUST SIGN

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
P	John Garner	3939 N.W. 25th Street	Miami, FL 33142 33154
S, T	Tissa Dharmagunaratne	1166 Kane Concourse, 3rd Fl.	Bay Harbor Islands, FL

*[Handwritten signature]* 11/22/04  
300042931578  
11/22/04--01069--008 \*\*\$08.75

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: John Garner *[Signature]* Date **11/19/04** 305-871-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)