

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 2000130886

1. Corporation Name

DTR TRAVEL AMERICAS, INC.

REINSTATEMENT 03

200024091652
10/21/03--01000--017 **2285.00

2. Principal Office Address

1166 KANE CONCOURSE

Suite, Apt. #, etc.

3RD FLOOR

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

USA

3. Mailing Office Address

1166 KANE CONCOURSE

Suite, Apt. #, etc.

3RD FLOOR

City & State

BAY HARBOR ISLANDS FL

Zip

33154

Country

USA

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

5. FEI Number



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

ENRIQUE MARTIN

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

1111 BRICKELL AVE

Suite, Apt. #, Etc.

2500

City

MIAMI

State

FL

Zip Code

33131

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

Date

Daytime Phone #

10/08/03

305 864 5788

CR2E081 (10/02)