

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 27 PM 4:17

DOCUMENT # P03000054958

1. Corporation Name

Earth Travel Network, INC.

500158928835
07/27/09--01040--010 **450.00

KS

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #
2340 Periwinkle Way,

3. Mailing Office Address
P. O. Box 884

Suite, Apt. #, etc.
Unit M2

Suite, Apt. #, etc.

City & State
Sanibel, Florida

City & State
Sanibel, Florida

Zip
33957

Country
USA

Zip
33957

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/19/2003

5. FEI Number
32-0085053

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
Paradise Advertising & Design, LLC

Street Address (P.O. Box Number is Not Acceptable)
2340 Periwinkle Way,

Suite, Apt. #, Etc.
M2

City
Sanibel, Florida

State
FL

Zip Code
33957

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kat Salokar

REGISTERED AGENT MUST SIGN

Date 7/24/09

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/T/M	Libby McMillan	8636 Southwind Bay Circle	Fort Myers, Florida 33908
V/S/M	Katrina Salokar	2805 18th Street West	Lee High Acres, FL 33971

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 contained in Chapter 119, 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:

Kat Salokar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/09

Date

Daytime Phone #

2394705611