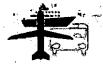
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## 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000066662** FILED MAGDA TOURS & TRAVELS, INC. 04 NOV -1 PH 12: 26 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSLE, FLORIDA 4631 THOMAS ST 4631 THOMAS ST HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address <u>2150 NW 87</u> Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State SUNDISE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 5 ROWAR 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 221 - W/AMS SCLAFANI, MAGDA Street Address (P.O. Box Number is Not Acceptable 4631 THOMAS ST HOLLYWOOD, FL 33021 Zip Code 38322 City SUNDISE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of rec SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Change TITLE ☐ Defete SCLAFANI, MAGDA NAME NAME 4631 THOMAS ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-7/P DILECTOR TITLE PD Delete TITLE Change ■ Addition NAME WILLIAMS, DEBRA NAME 2150 NW 87 LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33322 CITY-ST-ZIP D Delete TITLE Change ☐ Addition TITLE PRESIDENT WILLIAMS, LARRY MALLER NAME STREET ADDRESS 2150 NW 87 LN STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33322 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE Change ☐ Addition ППЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chaptered or on an attachment with the address with all other like empowered. changed, or on an attachment with an address, with all other like emp SIGNATURE:



## Magda Tours & Travels, Inc.

## **Your Transportation Specialist**

October 22, 2004

Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: DOCUMENT NUMBER: P03000066662
MAGDA TOURS & TRAVELS, INC.
EXEMPT FROM LATE FEES REQUEST

Dear Sir/Madam:

Magda Tours & Travels, Inc. requests an exemption from the assessed late fees, in accordance with s. 607-193(2) (b), F.S., "the corporation did not receive the prior notice".

Magda Tours & Travels, Inc. did not receive the uniform business report prescribed by the State Department.

Thank you for your time, consideration and if you have any questions regarding this request, please contact me at (754) 214-4775.

Sincerely,

Larry Williams
President