

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000053290

1. Corporation Name

SAFEGUARDING TRAVEL INC.

2. Principal Office Address

19942 NW 86 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33015

Country

3. Mailing Office Address

19942 NW 86 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33015

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2004

5. FEI Number

81-0648474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
06 SEP 22 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

ALVARO CHAVARRIAGA

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

19942 NW 86 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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 09/19/2006

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
PD	ALVARO CHAVARRIAGA	19942 NW 86 CT	MIAMI, FL 33015
VD	CAROLINA CHAVARRIAGA	19942 NW 86 CT	MIAMI, FL 33015

9/19/25

200090226652
09/27/06--01052--019 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/2006

Date

(786) 355-5832

Daytime Phone #

Miami, FL, September 19, 2006

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

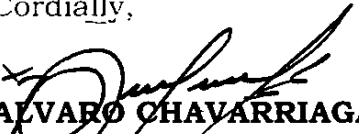
Ref: SAFEGUARDING TRAVEL INC., Document No. P04000053290

Dear Sirs,

This is to inform you that SAFEGUARDING TRAVEL INC. did not file its 2005 and 2006 Annual Report because it never received the Annual Report Notice postcard you sent to them. As a result, this corporation was administratively dissolved on September 15, 2005 and was not able to file Annual Report for 2006. Since we are willing to keep the corporation active, we are sending the Reinstatement Form for this corporation along with the payment of \$300.00 corresponding to the Annual Report fees for the years 2005 and 2006, respectively, for you to please reinstate this company and please waive any penalties based on the facts stated previously.

Should you have further questions, please contact us at (786) 355-5832. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,


ALVARO CHAVARRIAGA
President