

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 29 PM 4:46

REINSTATEMENT 05



12202005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000077775					
1. Entity Name TRAVELSUITE, INC.					
Principal Place of Business 30 S MAGNOLIA AVE STE 300 ORLANDO, FL 32801			Mailing Address 30 S MAGNOLIA AVE STE 300 ORLANDO, FL 32801		
2. Principal Place of Business 444 Madison Avenue			3. Mailing Address 444 Madison Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State New York, NY			City & State New York, NY		
Zip 10022		Country USA		Country USA	
4. FEI Number 90-0173166			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  ZIEGLER, HERMAN 17181 ROYAL COVE WAY BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Herman J Ziegler</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, President, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				Christian Withseidelin 444 Madison Ave. New York, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				Andrew Zarrow 444 Madison Ave. New York, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				Scott Ziegler 570 Lexington Ave. New York, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				400062468764 12/29/05--01019--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Christian Withseidelin</i>			Date: 12/20/2005 877-469-5387		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		