

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 22 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000033893	
1. Entity Name MIAMI TRAVEL SERVICES, INC.	



Principal Place of Business 1135 8 ST. #6 MIAMI BEACH, FL 33139	Mailing Address 1135 8 ST. #6 MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 1540 JEFFERSON AVE #2	3. Mailing Address 1540 JEFFERSON AVE #2
Suite, Apt. #, etc. MIAMI BEACH	Suite, Apt. #, etc. MIAMI BEACH
City & State FL	City & State FL
Zip 33139	Country US



10182007 (REN-P) CR2E098(11/07)

4. FEI Number 20-2449669	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 MENDILAHARZU, JESICA A MS 1135 8 ST. #6 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name JESICA MENDILAHARZU Street Address (P.O. Box Number is Not Acceptable) 1540 JEFFERSON AVE. #2 City MIAMI BEACH FL Zip Code 33139
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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: *Jessica Mendilaharzu* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDILAHARZU, JESICA A MS 1619 JEFFERSON AVENUE MIAMI, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDILAHARZU, JESICA A MS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1540 JEFFERSON AVE. #2 MIAMI BEACH, FL, 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800111145118 10/22/07--01068--001 **150.00 <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
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
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 exemptions contained in Chapter 119, 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: *Jessica Mendilaharzu* oct 18, 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: _____