

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

11 SEP 23 PM 3:39

FILING CANCELLED
RETURNED CHECK

REINSTATEMENT 06-11

DOCUMENT # P05000065612

1. Corporation Name

EXOTIC TRAVEL SERVICE, INC.

2. Principal Office Address - No P.O. Box #

1200 Brickell Avenue

3. Mailing Office Address

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 1950

Suite, Apt. #, etc.

Suite 1950

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/2005

5. FEI Number

☒ 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

GUILLERMO RAMIREZ

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

555 NE 15th Street

Suite, Apt. #, Etc.

Suite 200

City

Miami FONT

State

FL

Zip Code

33132

800212479708
09/23/11--01050--003 **1500.00

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 09/19/2011

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	IZQUIERDO, ENRIQUE	3425 W FLAGLER STREET	MIAMI, FL 33135
VP	ABREU, ANTONIO	3425 W FLAGLER STREET	MIAMI, FL 33135
T	RAMIREZ, GUILLERMO	3425 W FLAGLER STREET	MIAMI, FL 33135
S	GONZALEZ, TOMAS	3425 W FLAGLER STREET	MIAMI, FL 33135
AS	GONZALEZ, ANGEL	3425 W FLAGLER STREET	MIAMI, FL 33135

10. E-mail Address: PUBLICACCOUNTING@ATT.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/2011 3052332761

Date

Daytime Phone #

09/23