

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000081369

1. Corporation Name

ABSOLUT TRAVEL & TOURS, INC

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

5440 N. STATE RD 7

Suite, Apt. #, etc.

SUITE 205

City & State

FORT LAUDERDALE, FL

Zip

33319

Country

USA

3. Mailing Office Address

5440 N. STATE RD 7

Suite, Apt. #, etc.

SUITE 205

City & State

FORT LAUDERDALE, FL

Zip

33319

Country

USA

7. Name and Address of Current Registered Agent

Name

GRANT, DIA

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

4490 BANYAN TRAILS DRIVE

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/28/2010**

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
D	DIA GRANT	4490 BANYAN TRAILS DRIVE	COCONUT CREEK, FL 33073
P	JEAN HILTON	3820 NW 71ST LANE	COCONUT CREEK, FL 33073

10. E-mail Address: **hiltonlegacy@bellsouth.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., 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.

SIGNATURE:

[Signature]

DIA GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2010 9542541910

Date

Daytime Phone #

10 FEB 17 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FL 32399

200167767572
02/17/10 DIA-01008--020 **150.00

REINSTATEMENT 08-10

200167767572
02/02/10--01012--010 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **JUNE 06, 2005**

5. FEI Number

90-0253827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

22/17