

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 13 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000015287

1. Corporation Name

Trafalgar Travel Overseas Corporation

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

3350 SW 148th Ave

Suite, Apt. #, etc.

Suite 203

City & State

Miramar, FL

Zip

33027

Country

USA

3. Mailing Office Address

3350 SW 148th Ave

Suite, Apt. #, etc.

Suite 203

City & State

FL

Zip

33027

Country

USA

800166066858
01/13/10-01034--011 **1200.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 01/31/2006

5. FEI Number
20-4230447

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

Michelle Roper

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

400 SW 134th Way

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

☒ 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.

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 11.19.09

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	Michelle Roper	3350 SW 148th Ave, Suite 203,	Miramar, FL 33027
VP	Conrad Graham	3350 SW 148th Ave, Suite 203,	Miramar, FL 33027
VP	Peter Monteith	3350 SW 148th Ave, Suite 203,	Miramar, FL 33027
VP	Christopher Preston	3350 SW 148th Ave, Suite 203,	Miramar, FL 33027

10. E-mail Address: admin-us@crichtonmullings.com

(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:

Michelle Roper

11.19.09

954 862 2250