## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000022292

City-St-Zip:

HOLLYWOOD, FL 33023 US

FILED Oct 31, 2008 Secretary of State

Entity Nar	ne: FRIEND	S & FAMILY DISCOUNT TRAV	EL, INC.	•	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3730 SW 46TH AVENUE HOLLYWOOD, FL 33023				13218 W.DIXIE HWY NO. MIAMI, FL 33161	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	16TH AVENU OOD, FL 3302		3730 S.W. 46TH AVE WEST PARK, FL 33		
FEI Number:	56-2561249	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CAMEAU, SHEILA 3730 SW 46TH AVENUE HOLLYWOOD, FL 33023 US				CAMEAU, SHEILA 3730 SW 46TH AVENUE WEST PARK, FL 33023 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: SHEILA CAMEAU				10/31/2008	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMEAU, SHE 3730 SW 46T		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAMEAU, MAI 106-01 220TH	K) Delete RIEJOSEPHINE VPRES I STREET AGE, NY 11429 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DST (X LARIVIERE, D 3730 SW 46T		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHEILA CAMEAU PRES 10/31/2008