

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000116657

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Entity Name:** ABSOLU TRAVEL SERVICES CORP.

**Current Principal Place of Business:**

20506 NE 9TH PL  
N MIAMI BCH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

20506 NE 9TH PL  
N MIAMI BCH, FL 33179

**New Mailing Address:**

**FEI Number:** 11-3789669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABSOLU, VONETTE M  
20506 NE 9TH PL  
N MIAMI BCH, FL 33179 US

**Name and Address of New Registered Agent:**

ALEXIS, KERLINE  
745 NW 201 ST  
MIAMI GARDENS, FL 33169 US

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.

SIGNATURE: KERLINE ALEXIS

03/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABSOLU, LUC  
Address: 20506 NE 9TH PL  
City-St-Zip: N MIAMI BCH, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LUC ABSOLU

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date