

P23 0000 71205

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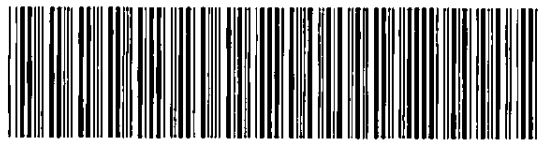
(Business Entity Name)

(Document Number)

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VIA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 607.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 607.0120, Florida Statutes, the document must be typewritten or printed and must be legible.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (Optional)	\$ 8.75
Certificate of Status (Optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Reality Escapers Travel & Tours Inc.

Name of Corporation

DOCUMENT NUMBER: P23000071205

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abdul Rehman

Name of Contact Person

N/A

Firm/Company

7901 4th St N, STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

abdulrehman_corp@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____)

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

REALITY ESCAPERS TRAVEL & TOURS INC.

Name of Corporation as currently filed with the Florida Dept. of State

P23000071205

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct _____
(Document Type Being Corrected)

filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

REALITY ESCAPERS TRAVEL & TOURS INC.

Correct the inaccuracy, incorrect statement, or defect:

Reality Escapers Travel & Tours Inc.

Abdul Rehman

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Abdul Rehman

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00