APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 12 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018954

Corporation Name

SABRICO TRAVEL USA , INC.

Principal Place of Business
100 S.E. 2nd Street
17th Floor
Miami, FL 33131-1101

Mailing Address

000003103890--4
-01/20/00--01024--005
****750.00 ****750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
SABRICO TRAVEL USA, INC
Suite, Apt. #, etc.
1001 Brickell Bay Dr. #2016
City & State
MIAMI, FL
Zip 33131 Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 03/12/1993

5. FEI Number
65-0398308
Applied F
Not Applic

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee re for a Certificate of St.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	FRANCE, JOSE R.	100 SE 2ND STREET 17 FL.	MIAMI, FL 33131
TD	ETCHENIQUE, ALVARO REYES	100 SE 2ND STREET 17 FL.	MIAMI, FL 33131

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8. Name and Address of Current Registered Agent
FRIEDHOFF, JOHN H.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI, FL 33131-1101

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent J. H. FRIEDHOFF
REGISTERED AGENT MUST SIGN
Date 12/1/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 filin 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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indic on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
11/24/99
Date
Daytime Phone #