

page 1 of 2

APPLICATION

FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000051876

1. Corporation Name

TRAVELWISE USA, INC.

Principal Place of Business

2526 ALBANY DRIVE
KISSIMMEE FL 34758

Mailing Address

2526 ALBANY DRIVE
KISSIMMEE FL 34758

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

07/19/1993

5. FEI Number

59-3195962

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HAWKSWORTH, ALAN	2526 ALBANY DRIVE	KISSIMMEE FL 34758

000008940890

11/12/02 01109 017 **150.00

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8. Name and Address of Current Registered Agent

HAWKSWORTH, ALAN
2526 ALBANY DRIVE
ST JAMES PARK
KISSIMMEE FL 34758

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

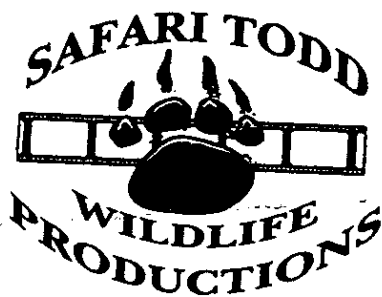
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/02

Daytime Phone #

Pagoda



2526 Albany Dr
Kissimmee FL 34758

11/02/02

Dear Sir/Madam

This is to state that prior UBR notices were not received for Travelwise USA Inc dba Safari Todd Wildlife Productions.

I therefore enclose said form UBR along with a check for \$150.

Thank You


Alan Hawksworth