

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAWKSWORTH, ALAN	2526 ALBANY DRIVE	KISSIMMEE FL 34758

500024341375
10/31/03--01088--029 **150.00

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]
REGISTERED AGENT MUST SIGN

Date 10/18/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN HAWKSWORTH

Date

Daytime Phone #

FILED

03 OCT 31 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

TRAVELWISE USA. INC.

2526 Albany Drive
Kissimmee
FL, 34758
TEL: 407-933-5242

Division Of Corporations
Annual Report/Reinstatement
PO Box 6327
Tallahassee FL 32314

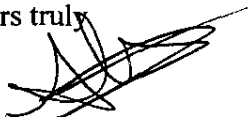
FEL 59-3195962

10/18/03

Dear Sir/Madam

We do not have any records of receiving any prior notices for the UBR.
I have enclosed a check for the filing fee.
Thank you for your time.

Yours truly



Alan Hawksworth