

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000063375

FILED
Feb 20, 2007
Secretary of State

Entity Name: AMERICAN TRAVEL AGENTS, INC.

Current Principal Place of Business:

7724 ROLLINGRIDGE CT
ORLANDO, FL 32835 US

New Principal Place of Business:

1420 SADDLERIDGE DR
ORLANDO, FL 32835 US

Current Mailing Address:

7724 ROLLINGRIDGE CT
ORLANDO, FL 32835 US

New Mailing Address:

1420 SADDLERIDGE DR
ORLANDO, FL 32835 US

FEI Number: 65-0438130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, CLAUDIA
7724 ROLLINGRIDGE CT
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

LOPEZ, CLAUDIA
1420 SADDLERIDGE DR
ORLANDO, FL 32835 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: CLAUDIA LOPEZ

02/20/2007

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: P () Delete
Name: LOPEZ, CLAUDIA
Address: 7724 ROLLINGRIDGE CT
City-St-Zip: ORLANDO, FL 32835

Title: VP () Delete
Name: LOZANO, JAVIER
Address: 7724 ROLLINGRIDGE CT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, CLAUDIA
Address: 1420 SADDLERIDGE DR
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: LOZANO, MARY
Address: 1420 SADDLERIDGE DR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA LOPEZ

P

02/20/2007

Electronic Signature of Signing Officer or Director

Date