

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY 22 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000064337

1. Corporation Name

Religious & Family Travel Services, Inc.

2. Principal Office Address

380 E. 9th. Street

Suite, Apt. #, etc.

5

City & State

Hialeah, FL

Zip

33010

Country

US

3. Mailing Office Address

380 E. 9th. Street

Suite, Apt. #, etc.

5

City & State

Hialeah, FL

Zip

33010

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/15/1993

5. FEI Number

65-0466969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Levy Montes de Oca

Street Address (P.O. Box Number is Not Acceptable)

684 W. 63 Drive

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Date 04/27/2000

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Montes de Oca, Levy	684 W. 63 Drive	Hialeah, FL 33012
VP	Montes de Oca, Yacenia	684 W. 63 Drive	Hialeah, FL 33012

REINSTATEMENT 99-00 TS

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Levy Montes de Oca 4-27-00 (305) 883-7351

Date

Daytime Phone #