

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P-9300065489

1. Corporation Name

Have A Safe Trip, Inc.

2. Principal Office Address

3804 NW 73rd Way

3. Mailing Office Address

3804 NW 73rd Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

Zip

33065

Country

Broward

Zip

33065

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

09-20-1993

5. FEI Number

650438929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75—Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Margarete M. Petri

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

3804 NW 73rd Way

700025155527
12/02/03--01028--016 **151.75

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

Margarete M. Petri

REGISTERED AGENT MUST SIGN

Date 11-21-2003

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
P	Margarete M. Petri	3804 NW 73rd Way	Coral Springs, Fl. 33065

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:

Margarete M. Petri

Margarete M. Petri

11-21-2003

954-757-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ORCE001 (10/02)

**HAVE AS SAFE TRIP, INC.
MARGARETE M. PETRI**

3804 NW 73rd Way
Coral Springs, FL 33065
954-757-5178
mpetri@myacc.net

November 21, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This morning I found out from a closing agent for a new property my corporation is buying, that my corporation has not filed the UBR for 2003.

We haven't gotten any letter requesting the annual report for 2003.

Included in this letter is the form:

" Corporation Reinstatement" and a check for \$ 158.75 (\$150 filing fee and 8.75 for Status Certificate).

Please wave the \$ 600 Reinstatement fee.

Thank You

Sincerely,



Margarete M. Petri
President