

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hoop  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 18 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077680

1. Corporation Name

FERNANDO TRAVEL CO., INC.

REINSTATEMENT 07-04

Principal Place of Business

Mailing Address

10137 NW 27TH AVE  
MIAMI FL 33147

10137 NW 27TH AVE  
MIAMI FL 33147

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1993

5. FEI Number

65-0480905

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
S	GARCIA, ROSA	650 NE 149TH ST APT #501-A	MIAMI FL 33161
<del>P</del>	<del>GARCIA, JOSE M.</del>	<del>10137 NW 27TH AVE</del>	<del>MIAMI FL 33147</del>
P	JOAN N. GARCIA	1860 VENICE PARK #121	MIAMI, FL 33161

100029871871  
03/18/04--01026--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, OASIS  
650 NE 149TH ST- APT-#501-A  
MIAMI FL 33161

Name

JOAN N. GARCIA

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

1860 - VENICE PARK #121

Suite, Apt. #, Etc.

121

City

MIAMI

State

FL

Zip Code

33161

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

*Joan N. Garcia*

REGISTERED AGENT MUST SIGN

Date

Feb/26/04

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:

*Joan N. Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb/25/04 305-691-1119

Date

Daytime Phone #

**DON FERNANDO TRAVEL**

10137 N.W. 27<sup>TH</sup> AVEENUE  
MIAMI, FLORIDA 33147  
305-691-1119

MIAMI, FLORIDA  
FEBRUARY 25, 2004

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TO: FLORIDA DEPARTMENT OF STATE

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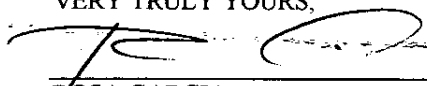
DEAR SIRs.:

BY THIS LETTER CERTITY THAT WE NEVER RECEIVED THE ANNUAL CORPORATION APPLICATION AND FOR THAT REASON I WOULD TO REQUEST A WAVER.

I AM ENCLOSING THE ANNUAL FEE IN THE AMOUNT OF \$150.00.

IF ADDITIONAL INFORMATION IS REQUIRED DO NOT HESITATE TO CONTACT ME.

VERY TRULY YOURS,

  
\_\_\_\_\_  
ROSA GARCIA

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