


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

07 MAR 19 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794000021849

1. Corporation Name TRAVEL Concepts, LTD., INC.
752 Autumn Crest Drive
SARASOTA, FL 34232

900093738969
03/19/07--01037--003 **1650.00

CR2E081 (12/05)

2. Principal Office Address Same		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/17/1994


5. FEI Number 65-0554976
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name DENIS RUFIN			
Street Address (P.O. Box Number is Not Acceptable) 752 Autumn Crest Drive			
Suite, Apt. #, Etc.			
City	State	Zip Code	
SARASOTA	FL	34232	

2001-2007
03-19-07
DC

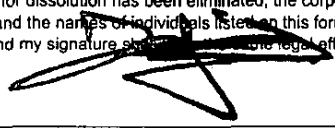
8. I, being appointed the registered agent of the above named corporation, do hereby certify that I have read and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 7/31/06

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
Pres	DENIS RUFIN	752 Autumn Crest Dr.	SARASOTA FL 34232
VIP Secy	ALEX RUFIN	752 Autumn Crest Dr.	SARASOTA FL 34232
TREAS	MARYNIA Verhaegen	752 Autumn Crest Dr.	SARASOTA FL 34232

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 contained in Chapter 119, 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:  Date 7-31-06 Daytime Phone # 504 455-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR