

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 30 PM 12:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027471**

1. Corporation Name
CAP TRAVEL, INC.

Principal Place of Business 1250 E HALLANDALE BCH BLVD STE 609 HALLANDALE FL 33009 US	Mailing Address 1250 E HALLANDALE BCH BLVD STE 609 HALLANDALE FL 33009 US
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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		4. Date Incorporated or Qualified To Do Business in Florida 04/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0475453	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PICKMAN, CLAIRE	6 FOXFIRE ROAD 1488 MARINER WAY	HOLLYWOOD FL 33004 Hollywood, FL 33019
			300002421713--2 -02/04/98--01102--007 ***300.00 ***300.00
			REINSTATEMENT 97-98
			2-4-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PICKMAN, CLAIRE 600 ANSIN BOULEVARD 1488 MARINER WAY HALLANDALE FL 33000 Hollywood, FL 33019	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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.

Signature of Registered Agent Claire Pickman Date 1-29-98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: Claire Pickman Date 1-29-98 Daytime Phone # 954-458-4708
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)