


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000027926			
1. Corporation Name Travel SAVER'S GUIDE, INC			
Principal Place of Business 1883 NW 58TH LANE OCALA, FL 34475		Mailing Address 3101 SW 34TH AVE SUITE 905 OCALA, FL 34474	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 4-11-94	
		5. FEI Number 59-3236459	
		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director <small>(Do NOT Use Post Office Box Numbers)</small>	City / State / Zip
Pres.	George D. Kohn	3101 SW 34TH AVE, Ste 905	OCALA, FL 34474
SEC / TREAS	Teressa R. Kohn	3101 SW 34TH AVE SUITE 905	OCALA, FL 34474
8. Name and Address of Current Registered Agent Eugene Wiechens, Esq Land Wiechens LaPeer & Ayers 445 NE 8TH AVE OCALA, FL 34470		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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 Eugene Wiechens <small>REGISTERED AGENT MUST SIGN</small>		Date Feb 1, 1999	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: George D. Kohn <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-1-99 (352) 732-2594 <small>Daytime Phone #</small>	

CR2C081 (12/98)