

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

99 JAN 19 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032226

1. Corporation Name

CLASSIC TRAVEL SERVICES, INC.

Principal Place of Business

7220 NW 36TH ST.
MIAMI FL 33166

Mailing Address

6601 SW 107TH COURT
UNIT A
MIAMI FL 33166
7220 N.W. 36th St
Suite 500
Miami, Fla.
33166

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

5. FEI Number

65-0485270

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	NINO, SONIA L	13912 S.W. 103RD LANE	MIAMI FL 33186
STD	NINO, CARLOS E	13912 S.W. 103RD LANE	MIAMI FL 33186
VPD S	VILLAMIZAR, ELSA	13866 SE 102 TERRACE 13866 S.W. 102 Tr	MIAMI FL 33186

8. Name and Address of Current Registered Agent

GONZALEZ, AVEL A
2688 SW 137 AVE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name *Avel Gonzalez*
Street Address (P.O. Box Number is Not Acceptable) AVEL GONZALEZ
2688 S.W. 137th Av.
Suite, Apt. #, Etc.
City *MIAMI* State *FL* Zip Code *33175*

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

Avel Gonzalez

REGISTERED AGENT MUST SIGN

Date

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:

Elsa Villamizar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELSA VILLAMIZAR VICE PRESIDENT 12/11/98

Date

Daytime Phone #