

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 OCT 16 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058031

1. Corporation Name

TRAVELER'S INTERNATIONAL INC.

AK

Principal Place of Business

Mailing Address

12125 SW 110TH STREET
CIRCLE NORTH SOUTH
MIAMI FL 33186

12125 SW 110TH STREET
CIRCLE NORTH SOUTH
MIAMI FL 33186



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

08/05/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0562969

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

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	XXXXXXXXXX NO LONGER	12125 SW 110 ST CIRCLE # SOUTH	MIAMI FL 33186
M	NAJAC, CLAUDE	12125 SW 110 ST CIRCLE NORTH SOUTH	MIAMI FL 33186
ST	LEROY, PHILIPPE	12125 SW 110 STREET CIRCLE # SOUTH	MIAMI FL 33186

200001978612--6
-10/17/96-01050-008
***225.00 ***225.00

8. Name and Address of Current Registered Agent

LEROY, PHILIPPE
12125 SW 110TH STREET
CIRCLE NORTH SOUTH
MIAMI FL 33186

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

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/27/1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

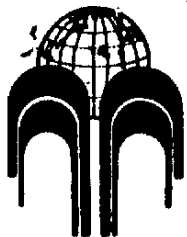
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

PHILIPPE LEROY *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/1996
Date Daytime Phone #

CR2040 (7/96)



TRAVELLER'S
INTERNATIONAL
AGENCE DE VOYAGE




September 30, 1996

ATTN: Trevor
FROM: Philippe

Referring to our telephone conversation on September 30, 1996. As I told you we never received the annual report form in order for us to file.

Please find enclosed as you ask a check for the amount of Two Hundred and Twenty Five Dollars (225.00), also please correct the Address which is :12125 S.W. 110th Street Circke South Miami Fla. 33186


Regards
Philippe