PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 98 AUG TO AM 10: 52 Trinity Travel By Theresa' SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 4500 SW 114 Ct. 7100 Sw88 Street 4160 Miami & 33165 Miami FL 331560 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 Malling Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida Same 4500 5W 114 Cd Suite, Apl. #, etc. Suite, Apt. #, etc 5. FEI Number City & State City & State Miami \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) and/or Directors City / State / Zip President eresa M. Owen 45a0 Sw 114 Miami 300002616433 -08/14/98--01062--007 \*\*\*\*715.00 \*\*\*\*715.00 13 8/13 95-98 AZ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Theresa Oven Street Address (P.O. Box Number is Not Acceptable) 4520 SW 114 Ct. Miami FL 33166 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 iug 4,\_ 1998 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 💹 Intangible Personal Property tax due June 30. on intangible tax.) 12.1 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 filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Aug 1998 (305)2930975



Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314

To Whom It May Concern,

Aug. 4, 1998

Pursuant to my conversation with your agent on 7/28/98 I am hereby sending the completed application for reinstatement of my corporation. In addition to learning that my company was erroneously dissolved, I was also informed that Tito Gonzalez was incorrectly listed as an officer in my company. Please remove this incorrect information, as I had absolutely no knowledge that any fees or annual dues were billed to us that consequently caused this to happen. We have regularly complained to the local Postmaster about a longstanding issue of misrouted and lost mail, and those complaints are all documented at our local post office branch.

Please reinstate our corporation and contact me if you have any further questions or comments. Your assistance in this urgent matter is greatly appreciated.

Sincerely,

Theresa Owen, President Trinity Travel by Theresa