

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN 12 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084568

1. Corporation Name

UNION TRAVEL SERVICES, CORP.

Principal Place of Business

Mailing Address

5445 COLLINS AVE  
CO10 A  
MIAMI BEACH FL 33140  
US

10141 E. BAYHARBOR DR  
5A  
B. HARBOR FL 33154  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1994

5. FEI Number

65-0534925

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

City / State / Zip

P

COSTA, ANTONIO

5601 COLLINS AVE. APT. 718

MIAMI BEACH FL 33140

VP

COSTA, ROXANA

5601 COLLINS AVE. APT. 718

MIAMI BEACH FL 33140

150.00 - AR only

150.00 - AR ISO Temp ID

700005868377--5

-06/19/02--01077--011

\*\*\*\*150.00 \*\*\*\*150.00

700005868377--5

-06/19/02--01077--012

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COSTA, ROXANA

10141 E. BAY HARBOR DR

APT. #5-A

BAY HARBOR ISLE FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

oct 21 / 01

11. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

oct 30 / 01

Daytime Phone #

CR2E040 (8/01)