

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

98 MAR 27 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

9940000 85/85

1. Corporation Name

V + R TRAVEL INC.

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD. STE 420
MIAMI FL 33181

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/22/94	
City & State		City & State		5. FEI Number	
Zip		Country		65-056098	
				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)

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
P	VIC LOTAN	225 E. 74th ST.	NEW YORK NY 10021
VP	ROSA FRIEDHEIM	8842 NW 189th	MIAMI FL 33018
SECT	RAYMOND FRIEDHEIM	8842 NW 189th	MIAMI FL 33018
REINSTATEMENT 97-98			
SL 3-27-98			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROSA FRIEDHEIM 8842 NW 189th MIAMI FL 33018		Name Street Address (P.O. Box Number) Suite, Apt. #, Etc. City State Zip Code	
		500002478336-2 -04/06/98--01004--022 ****908.75 ****908.75 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: Date: 3/26/98

REGISTERED AGENT MUST SIGN

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: 3/26/98 892-6140(305)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20-00 (1/98)