

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000088476**

1. Corporation Name

**Airlines Ticketing Center, Inc.**

2. Principal Office Address

**8200 NE 2nd Ave**

Suite, Apt. #, etc.

City & State

**Miami**

Zip  
**33138**

Country  
**USA**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **1995**

5. FEI Number  
**65-0640898**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Ernesto Camacho**

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

**999 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**Ste 525**

City

**Coral Gables**

06/15/06 State of FL 33134 \*\*1350.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Ernesto Camacho*  
REGISTERED AGENT MUST SIGN

Date **May 31, 2006**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Bolivar, Joaquin	999 Ponce de Leon Blvd.	Coral Gables, FL 33134
VP	Bolivar, Annie H	999 Ponce de Leon Blvd.	Coral Gables, FL 33134
T	Bolivar, Jose	999 Ponce de Leon Blvd.	Coral Gables, FL 33134
	<i>[Signature]</i>		

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose R. Bolivar* **JOSE R. BOLIVAR**

Date

**6-1-06**

Daytime Phone #

**787-722-0607**

Airlines Ticketing Services, Inc.  
8200 NE 2nd Avenue  
Miami, Florida 33138  
Tel (305) 751-1889 Fax (305) 751-2473

May 31, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Gentlemen:

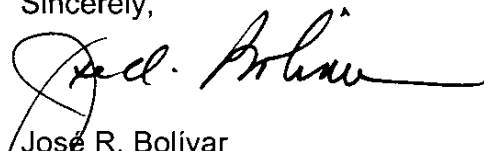
This letter is to inform you that the above named corporation did not receive the annual report notices from your department in the year of dissolution. For this reason we request that the reinstatement fee be waived.

We enclose our check for \$1,350.00 covering the Annual Report fee of \$551.25 and the Corporate Supplemental Fee of \$798.75.

I trust you find everything in order and that you can proceed to reinstall the corporation to an active status as soon as possible.

Please feel free to contact me at 787-722-0607 or by fax at 787-722-0657 if any other information is required.

Sincerely,



José R. Bolívar  
Vice President