


DUPLICATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P 95-00000222</i>			
1. Corporation Name <i>HARMAN TRAVEL INC.</i>			
2. Principal Office Address <i>8888 SUNSCAPE LN</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>8888 SUNSCAPE LN</i> Suite, Apt. #, etc.	
City & State <i>BOCA RATON FL</i>		City & State <i>BOCA RATON FL</i>	
Zip <i>33496</i>	Country <i>USA</i>	Zip <i>33496</i>	Country <i>USA</i>

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 04 JUL -0 PM 3:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

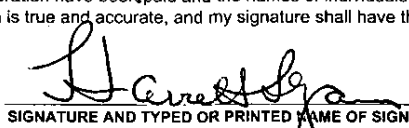
000038283240
 07/08/04--01004--002 **150.00
REINSTATEMENT 02-04
 000038283240
 06/25/04--01049--007 **900.00

4. Date Incorporated or Qualified To Do Business in Florida <i>JAN 3 1995</i>	
5. FEI Number <i>65-0848208</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>NORMAN B YARMIS</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>8888 SUNSCAPE LN</i>	
Suite, Apt. #, Etc.	
City <i>BOCA RATON</i>	State <i>FL</i>
Zip Code <i>33496</i>	

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 	Date <i>4/27/04-422</i>

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
PRES	HARRIETT S YARMIS	8888 SUNSCAPE LN	BOCA RATON FL 33496
1st LD	NORMAN B YARMIS	8888 SUNSCAPE LN	BOCA RATON FL 33496

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 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: 	DATE: <i>4/27/04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>HARRIETT S. YARMIS</i> PRESIDENT	DATE AND DAYTIME PHONE # <i>4/27/04 862-4994</i>

CR2E081 (10/02)