PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
1997 JUL 31 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # P95000014311

1. Corporation Name

TRAVEL PRODUCTIONS

Principal Place of Business	Mailing Address
6239 Bay Club Dr #4 Ft Lauderdale, FL 33308	

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. same as above		Suite, Apt. #, etc. same as above	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/20/95

5. FEI Number 65-0563797 — ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Pat Marino	6239 Bay Club Dr #4	FtLaUDERDALE, FL 33308
			700002260937--7 -08/07/97--01096--003 ****373.75 ****373.75

7/31/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NONE Pat Marino 6239 Bay Club Dr #4 Ft Lauderdale, FL 33308	Name NONE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

CR2E040 (12/96)

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 Pat Marino Date 7/24/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Pat Marino 7/ 24/97 954) 938-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAT MARINO

(2)

Travel Productions
6239 Bay Club Dr. #4
Fort. Lauderdale, Florida 33308
(954) 938-4464

July 24, 1997

Subject: Reinstatement (Corp) Travel Productions
Incorporated 2/20/95 (6881 Sheridan St Hollywood, Fl 33024) old address

Dear Sirs:

This is the first corporation I have owned and unfortunately I did not know that there is aan annual report required to be filed with the State of Florida until recently!

The address in Hollywood is where the forms have been sent I assume since, I did not receive 1996 or 1997.

I moved from the Hollywood address to the present one below: on 5/95 !

6239 Bay Club Dr #4
Ft Lauderdale, Fl 33308

The application for reinstatement is enclosed. I have enclosed a check in the amount of $373 75.

fee 1996	$200·00
1997	165·00
certificate of status	8.75
	$373.75

I pray to God you will accept this fee amount without charging any more. My business is just starting to pick up now. I did not know about this filing requirement. I have a very small company !

Thanks so much for your courtesy,

Pat Marino

Pat Marino