

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 22 PM 12:15
SECRET
TALLAHASSEE

DOCUMENT # P95000021849

1. Corporation Name

Bon Voyage Orlando, Inc.

2. Principal Office Address

10809 Brickyard Court

Suite, Apt. #, etc.

City & State

Potomac, MD

Zip

20854-1788

Country

USA

3. Mailing Office Address

4709 Montgomery Lane

Suite, Apt. #, etc.

Suite 201

City & State

Bethesda, MD

Zip

20814-5371

Country

USA

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

03/17/1995

5. FEI Number

521924031

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

Walter Delgado

Street Address (P.O. Box Number is Not Acceptable)
10777 North Bay Shore Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161-7447

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

Walter Delgado

Date

08-15-05

REGISTERED AGENT MUST SIGN

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
P/D	Jorge Delgado	10809 Brickyard Court	Potomac, MD 20854
V	Randolfo (Randy) Maldonado	9344 Airport Boulevard	Orlando, FL 32812

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:

Jorge Delgado

Jorge Delgado, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/05

Date

301-657-8080

Daytime Phone #

CR2E081 (01/05)