

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 OCT 15 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000027269 (6)

1. Corporation Name

Melia Travel International, Inc.

Principal Place of Business Mailing Address  
269 Giralda Ave. Suite 303 269 Giralda Ave.  
Coral Gable. Fl. 33134 Suite # 303. Coral  
Gables. Fl. 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 269 Giralda Ave. Suite, Apt. #, etc. Suite #303 City & State Coral Gables, Florida Zip 33134 Country U.S.A.		3. New Mailing Office Address, If Applicable 269 Giralda Ave. Suite, Apt. #, etc. Suite #303 City & State Coral Gables, Florida Zip 33134 Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 04/06/1995	
				5. FEI Number 65-057 2329	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/O/S	Husni Abdelhadi	3550 SW 10 St. Apt. 4	Miami. Fl. 33135

200002668462-9  
-10/20/98--01078--004  
\*\*\*\*900.00 \*\*\*\*900.00

DB  
10-16-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Husni Abdelhadi  
3550 SW 15 St. Miami. Fl. 33135  
Apt. # 4

Name The Same.	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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 [Signature] REGISTERED AGENT MUST SIGN Date October 15, 1998

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Husni Abdelhadi

October 15, 1998.  
Date Daytime Phone #

CR25040 (1/98)