AUG-04-99 10:27 AM P.02

APPROVED AND FILED
00 FEB -3 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 97-2000

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

DOCUMENT # P95000030749

1. Corporation Name

Biztravel.com Florida, Inc.

Principal Place of Business / Mailing Address

220 East 23rd Stree, Suite 900
New York, NY 10010

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.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/17/95

5. FEI Number: 65-0561590 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	See Attached.		

REINSTATEMENT 97-2000 fee

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1313.75---1208.75-4

8. Name and Address of Current Registered Agent

Linda M. Cohen
920 Tulip Court Suite 100
Marco Island, Florida 33937

9. Name and Address of New Registered Agent

Name: Corporate Access, Inc.
Street Address (P.O. Box Number is Not Acceptable): 236 E. 6TH AVENUE
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32303

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: Dany Bennett Date: 2/3/00

REGISTERED AGENT MUST SIGN

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: Michael W. McCormick Date: 8/4/99 Daytime Phone #: 212-696-9800 ext 301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. McCormick

Director	Street Address	City	State	Zip
McCormick, Michael W.	220 E. 23rd Street, Suite 900	New York	NY	10010