

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063677

1. Corporation Name

INTER*ACT TRAVEL, INC.

Principal Place of Business

Mailing Address

350 CAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432

350 CAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432

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

08/17/1995

5. FEI Number

65-0601809

Applied **SP**
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 3	City / State / Zip 4
CDS	SMOLEV, IRA	350 CAMINO GARDENS BLVD, STE 200	BOCA RATON FL 33432
PD	TURIANSKY, BRUCE R	350 CAMINO GARDENS BLVD, STE 200	BOCA RATON LF 33432
			800003454528 7 -11/07/00--01018--029 *****750.00 *****750.00
			800003454528 7 -11/07/00--01018--030 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURIANSKY, BRUCE
350 GAMINO GARDENS BLVD
STE 200
BOCA RATON FL 33432

Name

CT Corporation
Street Address (P.O. Box Number is Not Acceptable)

1200 So. Pine Island Rd.
Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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 REQUIRED
PETER F. SOUZA
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/24/00

11. 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 REQUIRED
Bruce L. Turiansky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-362-6715
Daytime Phone #

CR2ED40 (8/00)