

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
REINSTATEMENT 1996

FLORIDA DEPARTMENT OF STATE
Gandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068426 (2)**

1. Corporation Name

THE ALLIED TRAVEL GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~8783 S.E. BRIDGE ROAD
MOBE SOUND FL 33455~~

**1001 North US 1
Jupiter A 33477**

~~8783 S.E. BRIDGE ROAD
MOBE SOUND FL 33455~~

FILED

96 NOV -8 AM 11:25

SECRETARY OF STATE
TALLAHASSEE

REINSTATEMENT 1996

2. Principal Place of Business

2a. Mailing Address

21 **1001 North US Hwy 1**

26 **1001 North US Hwy 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste 510**

27 **Ste 510**

City & State

City & State

23 **Jupiter FL**

28 **Jupiter FL**

Zip

Country

Zip

Country

24 **33477**

25 **USA**

29 **33477**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525~~

**Joseph Roberts
1001 North US Hwy 1
Ste 510 Jupiter, FL
33477**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Signature of agent required when appointing a new agent.

8/1/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ROBERTS, JOSEPH**
STREET ADDRESS **8783 S.E. BRIDGE ROAD**
CITY-ST-ZIP **MOBE SOUND FL 33455**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **Roberts, Joseph**
1.3 STREET ADDRESS **1001 North US Highway 1**
1.4 CITY-ST-ZIP **Jupiter FL 33477**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **480002006134-7**
3.4 CITY-ST-ZIP **-11/15/96-01086-003**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96
Date

561-7455291
Daytime Phone

CR2E034 (3/96)