

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -9 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075004

1. Corporation Name

TRAVEL ONE INDUSTRIES, INC.

2. Principal Office Address

3028 FIRST STREET  
Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip Country

34208 US

3. Mailing Office Address

3028 FIRST ST  
Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip Country

34208 US

REINSTATEMENT

01-84

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

65-0608304

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

ANNIE YOUNG

TANNESHAW

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

510 40TH STREET SOUTH

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33711

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

Annie R. Young

REGISTERED AGENT MUST SIGN

Date

11/9/04

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	TANNESHAW JACKSON	510 40TH ST SO	ST PETERSBURG, FL 33711
CEO	Annie R. Young	510 40th St So	St Petersburg, FL 33711

200042840952  
11/17/04-01061-016 \*\*500.00

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:

Annie R. Young Annie Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/04

Daytime Phone #

941-747-2980

CR2E081 (01/04)

11/9/04

Annual report  
My ~~Article~~ of ~~Corporation~~ was not  
received for 2001 and I am requesting  
a fee waiver for reinstatement.

Thank you

Annie Young

727 327-7546