

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 FEB 14 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **P95000090724**

1. Corporation Name

**Antam, Inc**

2. Principal Office Address

**37851 Meridian Ave**  
Suite, Apt. #, etc.

3. Mailing Office Address

**37851 Meridian Ave**  
Suite, Apt. #, etc.

City & State

**Dade City, FL 33525**

City & State

**Dade City, FL 33525**

Zip

**33525**

Country

**USA**

Zip

**33525**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/27/95**

5. FEI Number

**59-3344226**

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

**Lalka, Patrick**

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

**34325 Country Breeze Avenue**

Suite, Apt. #, Etc.

**700003137347-8**

**-02/16/00--01059--018**

**\*\*\*300.00 \*\*\*300.00**

City

**Zephyrhills**

State

**FL**

Zip Code

**33543**

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

**Patrick Lalka**

REGISTERED AGENT MUST SIGN

Date **2/9/00**

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
PVD	Lalka, Patrick	37851 Meridian Avenue	Dade City, FL 33525
D	Lalka, Andrea	37851 Meridian Avenue	Dade City, FL 33525

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:

**Andrea Lalka**

**Andrea Lalka**

**2/9/00**

**(352) 567-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

RAINBOW TRAVEL  
37851 Meridian Avenue  
Dade City, FL 33525  
352 567-5000  
352 567-5014 Fax



To Whom It May Concern:

I am requesting a reinstatement due to not receiving the notice for the annual report. This was evidently sent to the address at 3302 Bell Shoals Road, Brandon, FL 33511 instead of our address. Enclosed is \$300.00 for reinstatement. Thank you so much for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Lalka".

Andrea Lalka