PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV 17 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000001368**

1. Corporation Name

TRAVSTAR ENTERPRISES INC.

Principal Place of Business	Mailing Address
931 WEKIVA SPRINGS ROAD LONGWOOD FL 32779	931 WEKIVA SPRINGS ROAD LONGWOOD FL 32779

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 153 SABAL PALM DR
City & State LONGWOOD FL
Zip 32779 Country SEMINOLE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 153 SABAL PALM DR.
City & State LONGWOOD FL
Zip 32779 Country SEMINOLE

4. Date Incorporated or Qualified To Do Business in Florida **12/28/1995**

5. FEI Number **59-3388747** ☐ Applied For ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSVD	DAVIS, CHARLES	107 N. MELLONVILLE AVE.	SANFORD FL 32771

000002352140---4
-11/13/97--01083--003
*****750.00 *****750.00

11/18

8. Name and Address of Current Registered Agent

DAVIS, CHARLES
107 N. MELLONVILLE AVE.
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State **FL** | Zip Code

CR2E040 (8/97)

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 _____ Date 1-15-97

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: Charles Davis 11-13-97 407-777-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #