PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 14 AM 8:00

REINSTATEMENT 03

700023793897
10/14/03--01060--018 **150.00

MRD

DOCUMENT # **P96000027708**

1. Corporation Name

TRAVELMAX OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
680 W KENNEDY BLVD ORLANDO FL 32810	680 W KENNEDY BLVD ORLANDO FL 32810

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: **03/25/1996**

5. FEI Number: **59-3364066** ☐ 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 3	City / State / Zip 4
PO	REED ROBERT L REED	680 W KENNEDY BLVD	ORLANDO FL 32810

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
REED ROBERT L 680 W KENNEDY BLVD ORLANDO FL 32810	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Robert L Reed SIGNATURE REQUIRED Date: 10/9/03

REGISTERED AGENT MUST SIGN

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: Robert L Reed SIGNATURE REQUIRED 10/9/03 407-875-8484

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

To Whom It May Concern:

We are very sorry, but we had no idea that our annual report had not been sent. All corporate information is immediately forwarded to our accountant, and come to find out that is something that they do not take care of. The annual report never reached me.

Please waive or fee for reinstatement. A check for $150 is included for standard renewal.

Robert L. Reed
Owner,
Travelmax of Central Florida, Inc.
407-875-8484 x. 1002