

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -7 AM 9:32

DOCUMENT # P 960000 71397

1. Corporation Name
World Travel Network, Inc.

REINSTATEMENT 02-04

2. Principal Office Address
1856 Wingfield Drive

Suite, Apt. #, etc.

3. Mailing Office Address
1856 Wingfield Dr.

Suite, Apt. #, etc.

City & State
Longwood, FL

Zip Country
32779 Seminole, USA

City & State
Longwood, FL

Zip Country
32779 Seminole, USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/26/1996

5. FEI Number
59-3421976

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
Gloria M Levine

Street Address (P.O. Box Number is Not Acceptable)
1856 Wingfield Drive

Suite, Apt. #, Etc.

City
Longwood

State Zip Code
FL 32779

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 Gloria M. Levine
REGISTERED AGENT MUST SIGN

Date 6/1/04

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
PT	Gloria M Levine	1856 Wingfield Dr.	Longwood, FL 32779
VS	Lester N Levine	1856 Wingfield Dr.	Longwood, FL 32779

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: Gloria M Levine, Pres Date 6/1/04 Daytime Phone # 407-331-5663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (01/04)