

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 PM 12:35

DOCUMENT # **P96000085484**

1. Corporation Name

R & FAMILY TRAVEL CORP.

2. Principal Office Address

4735 PALM AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

MIAMI-DADE

3. Mailing Office Address

4735 PALM AVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33012

Country

MIAMI-DADE

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/16/96

5. FEI Number

65-0705789

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

REINALDO PEDRAZA

500004447565--0

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

4735 PALM AVE.

-06/27/01--01046--011

******150.00 ****150.00**

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/5/01

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/D	REINALDO PEDRAZA	4735 PALM AVE	HIALEAH, FL 33012
			500004447565--0
			-06/27/01--01046--012
			****250.00 ****250.00
			500004447565--0
			-06/27/01--01046--013
			****500.00 ****500.00
			AD

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/01 (305) 828-2056

Daytime Phone #

CP2E081 (9/00)