

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**UBR 0000102**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 SEP 25 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000087880**

1. Corporation Name

**Miami Travel Card, Inc.**

**700008048187--5**  
-09/26/02--01035--002  
\*\*\*\*608.75 \*\*\*\*608.75

2. Principal Office Address

**444 Brickell Ave**

Suite, Apt. #, etc.

**Suite 224**

City & State

**Miami, FL**

Zip

**33131**

Country

**U.S.A.**

3. Mailing Office Address

**P.O. Box 10469**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33101**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-24-96**

5. FEI Number

**65-071-0890**

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

**Jennifer Marie Cello**

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

**444 Brickell Ave**

Suite, Apt. #, Etc.

**Suite 224**

City

**Miami**

State

**FL**

Zip Code

**33131**

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

**Jennifer Marie Cello**

REGISTERED AGENT MUST SIGN

Date

**9-19-02**

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
PSTD	Jennifer Marie Cello	444 Brickell Ave, Suite 224	Miami, FL 33131

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:

**Jennifer Marie Cello**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-6-02**

Date

**(205) 371-5810**

Daytime Phone #

CR2E081 (9/01)

# Miami Travel Card, Inc.

September 19, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

RE: Corporation Reinstatement

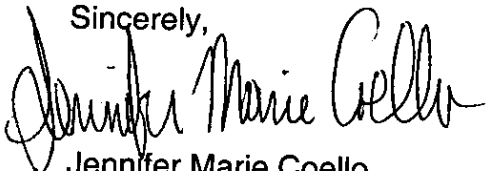
To Whom It May Concern:

As per your our conversation on September 6, 2002, I would like to reinstate my company Miami Travel Card, Inc., FEI Number 65-071-0890. Which was dissolved by Admin Dissolution for Annual report On September 24, 1999. I am enclosing a check in the amount of \$608.75, for 4 years of annual Report Fees and a certificate of Status. I would like to request that the reinstatement fee be removed, because the annual reports were never received at the at the mailing address on file.

If you have any questions please contact me at (305) 371-5810.

Thanking you in advance.

Sincerely,



Jennifer Marie Coello  
President  
Miami Travel Card, Inc.