

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 MAY -8 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027439

1. Corporation Name

DIGITAL TRAVEL.COM, INC.

Principal Place of Business

Mailing Address

~~920 TULIP CT~~  
~~#100~~  
~~MARCO ISLAND FL 34145~~  
~~US~~

~~920 TULIP CT~~  
~~#100~~  
MARCO ISLAND FL 34145  
~~US~~

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

6630 Beach Resort Dr  
Suite, Apt. #, etc. #13

6630 Beach Resort Dr  
Suite, Apt. #, etc. #13

City & State  
Naples FL

City & State  
Naples FL

Zip 34114 Country Collier

Zip 34114 Country Collier

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/1997

5. FEI Number

59-3484665

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COHEN, LINDA	<del>920 TULIP CT</del> 6630 Beach Resort Dr #13	<del>MARCO ISLAND FL 34145</del> Naples FL 34114
			300003296809--2
			06/20/00 01038 027
			****908.75 ****908.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHEN, LINDA  
920 TULIP CT  
SUITE 100  
MARCO ISLAND FL 34145

Name  
Cohen, Linda  
Street Address (P.O. Box Number is Not Acceptable)  
6630 Beach Resort Dr  
Suite, Apt. #, Etc. #13  
City  
Naples  
State  
FL  
Zip Code  
34114

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

Linda Cohen  
REGISTERED AGENT MUST SIGN

Date 5/4/00

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:

Linda Cohen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00  
Date

941 530 3351  
Daytime Phone #

CR3E040 (8/99)