

CAPITAL CONNECTION

850 222 1222

01/11/99 13:14 NO. 140 02/02

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 14 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054786

1. Corporation Name

NextTravel INC.

Principal Place of Business

Mailing Address

770 Ponce de Leon Blvd  
# 218  
CORAL GABLES, FL 33134

REINSTATEMENT

98-99  
aw

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		6/23/97	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0762332	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				\$875 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	MARIA ELENA TARBES	10077 NW 5th TRAIL	MIA, FL 33172

800002747358--8  
-01/20/99--01030--015  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Amerilawyer Chartered  
343 Almeria Avenue  
Coral Gables, FL 33134

Name  
Maria Elena Tarbes  
Street Address (P.O. Box Number is Not Acceptable)  
770 Ponce de Leon Blvd  
Suite, Apt. #, Etc.  
# 218  
City  
Coral Gables  
State  
FL  
Zip Code  
33134

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

REGISTERED AGENT MUST SIGN

Date 1/11/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99 305 567-9700  
Date Daytime Phone #