

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064759

1. Corporation Name

CORPORATE TRAVEL SERVICES, INC.

Principal Place of Business

Mailing Address

7901 NW 53 ST
MIAMI FL 33166

7901 NW 53 ST
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33133

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1997

5. FEI Number

65-0781370

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	SHEA, PATRICIA	7730 SW 137TH CT 11633 LANE PARK RD	MIAMI FL 33183 DAVARES FL 32778

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOBIN, GERALD J
2701 S BAYSHORE DR
SUITE 602
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

G. Tobin SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/15/03

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:

Theresa SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/03

Daytime Phone #

FILED

03 APR 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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