

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

99 AUG 17 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000807538**

1. Corporation Name **MARVELOUS TRAVELING, INC**

Principal Place of Business Mailing Address

**356 E. OCEAN AVE
LANTANA, FL 33462**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
356 E. OCEAN AVE

3. New Mailing Office Address, If Applicable
356 E. OCEAN AVE

City & State
LANTANA, FL

City & State
LANTANA, FL

Zip
33462

Country
PAIM BEACH

Zip
33462

Country
PAIM BEACH

REINSTATEMENT **08-09**

4. Date Incorporated or Qualified To Do Business in Florida **1997**

5. FEI Number
65-0866902

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ISMAEL PERDOMO	356 E. OCEAN AVE	LANTANA, FL 33462

**800002975168--4
-08/31/99--01069--010
****900.00 ****300.00**

8. Name and Address of Current Registered Agent

**ISMAEL PERDOMO
356 E. OCEAN AVE
LANTANA, FL 33462**

9. Name and Address of New Registered Agent

Name
ISMAEL PERDOMO

Street Address (P.O. Box Number is Not Acceptable)
356 E. OCEAN AVE

Suite, Apt. #, Etc.

City
LANTANA

State
FL

Zip Code
33462

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

ISMAEL PERDOMO

Date **8/15/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:

ISMAEL PERDOMO

Date **8/13/99**

Date

Daytime Phone #

561-586-7878

CR2081 (12/98)