PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG 11 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072946

1. Corporation Name
TALMA TRAVEL & TOURS, INC.

Principal Place of Business	Mailing Address
2717 NE 15 ST.	2717 NE 15 ST.
Ft. LAUDERDALE FL 33304	Ft. LAUDERDALE, FL 33304

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

REINSTATEMENT 98-99 (P)

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 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/22/97

5. FEI Number: 56-2780464 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required (Not Available on Certified Copies)

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	EREZ SHMUL	2717 NE 15th ST.	Ft. LAUDERDALE FL 33304

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-08/25/99--01073--004
*****900.00 *****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EREZ SHMUL	Name
2717 NE 15 ST.	Street Address (P.O. Box Number is Not Acceptable)
Ft. LAUDERDALE, FL 33304	Suite, Apt. #, Etc.
	City / State / Zip Code (FL)

CR2E041 (12/98)

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 8/9/99

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.

KE

SIGNATURE: [signature] 8/9/99 (954) 966-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #