

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072946

1. Corporation Name

TALMA TRAVEL & TOURS, INC.

2. Principal Office Address - No P.O. Box #

2320 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip
33020

Country
US

3. Mailing Office Address

2320 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

Zip
33020

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/97

5. FEI Number

562780464

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
EREZ SHMUL

Street Address (P.O. Box Number is Not Acceptable)
2320 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33020

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Erez Shmul

Date

2/13/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EREZ SHMUL	2320 HOLLYWOOD BLVD	HOLLYWOOD, FL. 33020
VP	TALMA SHMUL	2320 HOLLYWOOD BLVD	HOLLYWOOD, FL. 33020

B. 2/20/07

REINSTATEMENT 05-07

10. 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 contained in Chapter 119, 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:

Erez Shmul PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/07

954-921-4600
Daytime Phone #