

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN 13 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099153

1. Corporation Name

INTERNATIONAL TRAVEL GROUP, INC.

2. Principal Office Address

341 N. Maitland Avenue

Suite, Apt. #, etc.
120

City & State

Maitland, FL

Zip

33312

Country

US

3. Mailing Office Address

341 N. Maitland Avenue

Suite, Apt. #, etc.
120

City & State

Maitland, FL

Zip

33312

Country

US

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

11/20/97

5. FEI Number

59-3495971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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-06/21/02--01076--006

*****300.00 *****300.00

7. Name and Address of Current Registered Agent

Name

Lawrence H. Katz

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

341 N. Maitland Avenue

Suite, Apt. #, Etc.

120

City

Maitland

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date

6/10/02

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
PD	Keith St. Clair	808 Brickell Key Dr. #601	Miami, FL 33129
D	William Applebee	2144 Deer Hollow Circle	Longwood, FL 32779
D/S	Douglas Lawrence	EMS Unit 11 W. Trading Est.	Herne Bay Kent England
D	Anthony Bullis	4 High Trees-New Barnet	Herts EN4 900 England
			201-25-ARC
			10.00-ARARTS
			88.75-ARSTP

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 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

Date

6.6.02

Daytime Phone #

305.753.7504

CR2E081 (9/01)