

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 22 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106027

1. Corporation Name

GULFSTREAM TRAVEL SERVICES, INC.

Principal Place of Business

2368 S.W. 26 STREET  
MIAMI FL 33133

Mailing Address

2368 S.W. 26 STREET  
MIAMI FL 33133

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

2. New Principal Office Address, If Applicable

7111 GRAND NATIONAL DRIVE SUITE 108 ORLANDO, FL. 32819

3. New Mailing Office Address, If Applicable

7111 GRAND NATIONAL DRIVE SUITE 108 ORLANDO, FL. 32819

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1997

5. FEI Number

65-0108524

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S.T. DIR.	GERARD GENOVES	7111 GRAND NATIONAL DRIVE SUITE 108	ORLANDO, FL. 32819

200002757932--3  
-01/29/99--01005--020  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

GENOVES, GERARD  
2368 S.W. 26 STREET  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

7111 GRAND NATIONAL DRIVE

Suite, Apt. #, Etc.

Suite 108

City

ORLANDO

State

FL

Zip Code

32819

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 JAN-20-99

11. This corporation owes or has paid 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 05 99

Date

Daytime Phone #

407-3994809