

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000347

1. Corporation Name **BERNARD Stein Travel**
1801 N.E 48th CT
FORT LAUDERDALE FL 33308

2. Principal Office Address **BERNARD STEIN TRAVEL**
1801 NE 48th CT

Suite, Apt. #, etc.
1801 NE 48th CT

City & State
Fort Lauderdale

Zip Country
33308 USA

3. Mailing Office Address **1801 NE 48th CT**

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL

Zip Country
33308 USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida **11/1/98**

5. FEI Number **65 0804 256** 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
BERNARD STEIN

Street Address (P.O. Box Number is Not Acceptable)
1801 N.E 48th CT

Suite, Apt. #, Etc.

City
Fort Lauderdale

State Zip Code
FL 33308

400030236414
03/10/04--01053--011 **600.00

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **1/30/04**

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
Pres	BERNARD STEIN	1801 NE 48th CT	FL 600 FL 33308

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. 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

Daytime Phone #

1/30/04 954 510 4289

CR2E081 (10/02)