

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -4 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 980000 12472**

1. Corporation Name

TRAVEL AGENCY GROUP INC.

2. Principal Office Address

4206 ENTERPRISE AVE

Suite, Apt. #, etc.

SUITE 15

City & State

NAPLES FL

Zip

34104

Country

USA

3. Mailing Office Address

4206 ENTERPRISE AVE

Suite, Apt. #, etc.

SUITE 15

City & State

NAPLES FL

Zip

34104

Country

USA

300008783603

11/04/02--01063--035 **1200.00

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 9, 1998

5. FEI Number

59 3491798

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

BRUCE REICHERT

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

297 SABAL LAKE DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34104

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

Date **Nov. 1, 2002**

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
VP/D	MARCIA REICHERT	297 SABAL LAKE DR ^{NAR}	NAPLES FL 34104
SH/D	BRUCE REICHERT	297 SABAL LAKE DR	NAPLES FL 34104

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

Daytime Phone #

Nov. 1, 2002 2344037880

CR2E081 (9/01)