	· · · · · · · · · · · · · · · · · · ·		FILEU
APPLICATION	FLORIDA GEPARTME Jim Smiti		VISION OF CORPORATIONS
REINSTATEMENT	Secretary of a DIVISION OF CORPO		99 OCT 21 AH ID: 32
	Ster Co- 6-5 Progress Die To: Department of State	<b>•</b>	
Make Check Payat  1. Name and Mairing Address of Corporation:  GHTRAVEL  5	DOCUMENT # 1980C		oss in Block 1 is incorrect in any way, enter the correct below. The NAME of the corporation can be changed only an amendment.
4814 NW 92 ND AVENUE			05-17-99 90018 OUL \$150.06
SUNRISE, FZ 33351			
		City and St	ave
		Zip Code	
3 Date Incorporated of Qualified To Do Bytiness in Florida 02/26/98	65-082322	9 FEI Number Appl	for a Certificate of Status
6. Names and Street Addresses of Each Officer	and/or Director		
Title Name of Officers and/or Directors	3 (Do NOT L	reet Address of Each  fficer and/or Director  Jse Post Office Box Numbers)	City and State
PD HUBY GRACIE	1A 48141	NW 92 AVE	SUNCISC, FL 33351
VSD Carrosquilla, J	paguin 4814 N	N 92 ND AVE	SUNRISK, FL 33351
			<u>'</u>
			16/10/2J
REGISTERED AGENT	INFORMATION	8. Name and Ad Name	dress of New Registered Agent and/or Office
7. Name sind Address of Cura	ent Registered Agent		
Carrasquilla, Joaquin		Street Address (Do NOT Use P.O. Box Number)  Street Address (Do NOT Use P.O. Box Number)	
4814 NW 92 NS AVE		Street Address (Do NOT Use P.O. Box Number)	
SUNRISC FL 33351		City and State FL.	
8. I, being appointed the vegistered agent of the Signature of Registered Agent	V	th and accept the obligations of Se	Date 10/19/99
10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)			
12. I cently that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, F.S. I further centify that when filting this reinstatement application have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under cath.			
Signature of Officer or Director Daytime Phone #			
Type d or printed came of signing officer or direct	)/	/ (	

October 19, 1999

G. H. Travel, Inc. 4814 NW 92<sup>nd</sup> Ave Sunrise, FL 33351

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Corporation - P98000018950

To Whom It May Concern:

This reinstatement document is a replacement document for the annual report we filed. According to our records and your records, an annual report was already filed for this corporation. Also the check for \$150.00 was already cashed by the state. I believe the problem was that a P.O. Box was used and that made the annual report unacceptable. We never received any notice that the P.O. box was not acceptable and did not receive the annual report back so that we can correct the mistake and put the correct address. The first time we found out about the problem, was at the bank when we tried to open an account. This is when we immediately contacted your department to resolve the problem.

We apologize for any inconvenience this may have caused and ask that our corporation be reinstated. Thank you very much for your cooperation, any questions call us at (305) 541-3980. (Jacob)

Sincerely.

Graciela Huby

President