

APPLICATION  
FOR  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000032723

1. Corporation Name

ITRAVEL, INC.

Principal Place of Business

Mailing Address

7900 GLADES ROAD  
SUITE #6307900 GLADES ROAD  
SUITE #630

BOCA RATON FL 33434 BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

REINSTATEMENT

9910

4. Date Incorporated or Qualified  
To Do Business in Florida

APRIL 8, 1998

5. FEI Number

65-0967212

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/S	MICHAEL E SCHULTZ	7900 GLADES RD., STE. 630	BOCA RATON FL 33434

4000003130194--4  
-02/09/00--01107--004  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MICHAEL E. SCHULTZ

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

7900 GLADES ROAD

Suite, Apt. #, Etc.

SUITE #630

City

BOCA RATON FL

State

FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

11/22/99

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. SCHULTZ, PRESIDENT

Date

11/22/99 561218-3237

Daytime Phone #