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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 12 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038019

1. Corporation Name

Travel Reservations & Incentives, Inc

Principal Place of Business

Mailing Address

2441 Bellevue Ave  
Daytona Bch FL  
32114

2441 Bellevue Ave  
Daytona Bch FL  
32114

[REDACTED]

00-01 UBR

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

4. Date Incorporated or Qualified To Do Business in Florida

4/27/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3380986

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	Stephen Cius	1800 W. International Speedway, Daytona Bch	Daytona Beach, FL
D	Julie Johnson	1800 W. International Speedway, Daytona Bch	Daytona Beach, FL

000003743420-6  
02/20/01-01/05-018  
\*\*\*150.00 \*\*\*150.00

000003743420-6  
02/20/01-01/05-019  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name JOE LOGOIOLE

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

2441 BELLEVUE AVE

Suite, Apt. #, Etc.

City DAYTONA BEACH

State FL

Zip Code 32114

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 REQUIRED

Date 11/09/02

REGISTERED AGENT MUST SIGN

11. 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 #

11/09/02