

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000060482

1. Corporation Name

Global Travel & Vacation Rentals Inc

2. Principal Office Address

11228 Centry Hill Rd.  
Suite, Apt. #, etc.

3. Mailing Office Address

11228 Centry Hill Rd.  
Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/1998

5. FEI Number

593526987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Debbie Rathie

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

630 8th St.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Debbie Rathie

REGISTERED AGENT MUST SIGN

Date

5/12/04

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	Debbie Rathie	11228 Centry Hill Rd.	Clermont, FL 34711
VP	Bol F Rathie	11228 Centry Hill Rd.	Clermont, FL 34711

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)(f), 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:

Debbie Rathie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/12/04

Daytime Phone #

352-394-2040

FILED

04 JUN 28 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

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