PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

MINI TRAVELER CO.

Principal Place of Business

Mailing Address

13800 75TH AVENUE NORTH SEMINOLE FL 33776 13800 75TH AVENUE NORTH SEMINOLE FL 33776

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FISION OF CORPORATION

If above a	ddresses are	incorrect in any way	y, line through incorrect in	formation a	nd enter correction below.	REIN	STATEMEN	rac
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7. Names	and Street Ad			rida nonpro	fit corporations must list at lea			
Title(s)	2	Name of Off and/or Dire		3	Street Address of Each Officer and/or Director		City / State	/ Zip
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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 Date

Name

City

Suite, Apt. #, Etc.

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;

HORST, DARRIN J

SEMINOLE FL 33776

13800 75TH AVENUE NORTH

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8. Name and Address of Current Registered Agent

10:27-00

9. Name and Address of New Registered Agent

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

Daytime Phone # - 96 9

State Zip Code