

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 21 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 898000066123

1. Corporation Name

CRUISE CONTROL TRAVEL, INC

2. Principal Office Address - No P.O. Box #

3874 TAMPA ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Zip

34677

Country

Zip

Country

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

59-3571556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey Sherman

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

3874 TAMPA ROAD

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/15/07

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
<u>P</u>	<u>David Pollack</u>	<u>103 BURTON RD</u>	<u>Savannah, Ga. 31405</u>
<u>S/T</u>	<u>Donna Carollo</u>	<u>3874 Tampa Road,</u>	<u>Oldsmar, FL 34677</u>

000102839180
05/21/07--01023--023 **450.00

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 contained in Chapter 119, 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] DAVID Pollack

Date

5-17-07 (813) 910-3083

Daytime Phone #