

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

998000073126

1. Corporation Name

THE TRAVEL CITY CORP.

2. Principal Office Address

1244 EAST 4 AVE

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

Zip

33010

Country

U.S.

3. Mailing Office Address

1244 EAST 4 AVE

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

Zip

33010

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/98

5. FEI Number

65-0858396

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

JULIO ZALDIVAR

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

1244 EAST 4 AVE

Suite, Apt. #, Etc.

HIALEAH FLORIDA

City

HIALEAH FLORIDA

State
FL

Zip Code

33010

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

REGISTERED AGENT MUST SIGN

Date

2/6/2003

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.	JULIO ZALDIVAR	1244 EAST 4 AVE	HIALEAH FL. 33010

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)(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

2/6/2003

Daytime Phone #

(305)

888 20 77

CR2E081 (10/02)

FEBRUARY 6, 2003

DIVISION OF CORPORATION
P.O BOX 6327
TALLAHASSEE, FL 32 314

REF: the travel city corp

TO WHOM IT MAY CONCERN:

Last year I submitted my UBR with the \$150.00 annual fee. The fees was held by the state, but there was an error in the form and it was mailed back to us.

Unfortunately, we had move from that adress and never received the form for connection. Attached is our current UBR with the fee for the current year 2003 of \$150.00. I ask you to please waive the reinstatement fee and place the corporation in active status.

If you have any questions, please feel free to contact me at (305) 888 9702

Thank you

Julio Zaldívar

