

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -5 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080969

1. Corporation Name

ANYWHERE - ANYTIME TRAVEL, INC.

Principal Place of Business

16160 SOUTHWEST 304TH TERRACE
HOMESTEAD FL 33033

Mailing Address

16160 SOUTHWEST 304TH TERRACE
HOMESTEAD FL 33033



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 09/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0865286	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	ORETH, GEORGE T	16160 SOUTHWEST 304TH TERRACE	HOMESTEAD FL 33033
VD	ORETH, OLGA B	16160 SOUTHWEST 304TH TERRACE	HOMESTEAD FL 33033
			100003493391--0 -12/11/00--01038--022 *****750.00 *****750.00
			100003493391--0 -12/11/00--01038--023 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

~~AMERILAWYER~~
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name GEORGE T. ORETH
Street Address (P.O. Box Number is Not Acceptable)
16160 SW 304th TERRACE
Suite, Apt. #, Etc.
City HOMESTEAD State FL Zip Code 33033

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
REGISTERED AGENT MUST SIGN

Date 12.04.00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-00 (305) 607-7110
Date Daytime Phone #