

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000081046**

1. Corporation Name

Travel Marketing Associates, Inc.

000009437610
01/06/03--01001--026 **150.00

000009437610
12/10/02--01051--015 **150.00

2. Principal Office Address

8048-Kth Way No

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

Same

Zip

33702

Country

USA

Zip

Same

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/98

5. FEI Number

59-3537750

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

Lisa Parsons

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

8048-Kth Way No

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33702

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

Lisa Parsons

Date

12/5/02

REGISTERED AGENT MUST SIGN

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
D	Lisa Parsons	8048-Kth Way No	St Petersburg, FL 33702
		8048-Kth Way No	

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:

Lisa Parsons

Lisa Parsons

Date

12/5/02

Daytime Phone #

727-570-9041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30

Travel Marketing Associates, Inc.
8648 - 14th Way North, St. Petersburg, FL 33702
727/570-9041 Phone, 727/217-4114 Fax,
lparson2@tampabay.rr.com, email

December 5, 2002

Florida Department of State
Division of Corporations
PO box 6327
Tallahassee, FL 32314

Dear Officer:

Enclosed is my application for Corporation Reinstatement for Travel Marketing Associates, Inc.

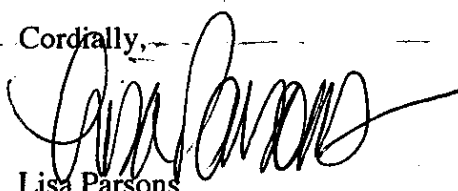
This is my corporation and has been inactive for the past year due to no business activity. However, the intention was always to keep in active knowing that the industry would "get better". Indeed it has and 2002 has proved to be a better year.

The nominal fee that is charged to keep the corporation active would not have been a problem to submit, however, I NEVER RECEIVED THE PAPERWORK. The corporation/ mailing address has since moved, but a forwarding order was submitted to the United States Post Office and for that past year we had been receiving mail at the new address.

As per your website instructions and the voice mail recording at the Division of Corporations, I am including a check in the amount of \$150.00, along with the appropriate paperwork, with the request of reinstating the corporation asap, I hope this is acceptable.

If you have any questions, please do not hesitate to call or email. Thank you for your assistance.

Cordially,



Lisa Parsons
Director
Travel Marketing Associates, Inc.

LP/mem