PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P99000011364 DOCUMENT #

1. Corporation Name

Title(s)

STUDENT TRAVEL AMERICA, INC.

Name of Officers

and/or Directors

Λ

Principal Place of Business

Mailing Address

%JUPITER CORPORATE CENTER 825 U.S. HWY. 1, STE. 310 JUPITER FL 33477-5973

%JUPITER CORPORATE CENTER 825 U.S. HWY. 1, STE, 310 JUPITER FL 33477-5973

Street Address of Each Officer and/or Director

FILED SECRETARY OF STATE TALLAHASSEE FLORIDA

825 U.S. HWY. 1. STE. 310 JUPITER FL 33477-5973		825 U.S. HWY. 1, STE. 310 JUPITER FL 33477-5973				
If above addre	sses are incorrect in any way, line	through incorrect infor	mation and enter correction below.	REINSTATEMENT		
New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/01/1999		
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		5. FEI Number	Applied For	
City & State				65-0901250 Not Appli		
Zip	Country	Zip	Country	6. \$8.	75 Additional Fee required for a Certificate of Status	
7. Names and	Street Addresses of Each Officer a	nd/or Director (Florida	nonprofit corporations must list at	least 3 directors)		

City / State / Zip

7 <u>.</u>	Lyman L. Andreas	25/0 SW.	Danbury LN	Palm City FL.	34990		
V.P.	Christopher Audreas	1000 US	Hwy 1 #752	Jupirer FL	33477		
S	Shown Andreas	2913 6	W. Brighton Wy	Palm aty FL	34990		
			,				
			5	000034734 -11/21/000	1109020		
				****758.75	**** ('58. ('5		
	8. Name and Address of Current Registered Ag	ent	9. Name and Address of New Registered Agent				
<u> </u>	~		Name				
ANDREAS, LYMAN L STE. 310			Street Address (P.O. Box Number is Not Acceptable)				
825 U.S. HWY. 1 JUPITER FL 33477-5973			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 of

Registered Agent

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.

REGISTERED AGENT MUST SIGN

Date 10-22-00