

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Handwritten initials

00 OCT 16 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018151

1. Corporation Name

4U2 TRAVEL CORP

Principal Place of Business

Mailing Address

1525 NE 15 AVE
FT LAUDERDALE FL 33304

1525 NE 15 AVE
FT LAUDERDALE FL 33304



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

02/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-090-7694

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
PRESIDENT	AGOPIJEAN TOROSSIAN	1525 NE 15 AVE FT LAUDERDALE FL 33304	FORT LAUDERDALE FLORIDA 33304

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOROSSIAN, AGOPIJEAN J
1525 NE 15 AVE
FT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Handwritten signature of AGOPIJEAN TOROSSIAN
REGISTERED AGENT MUST SIGN

Date 10/13/2000

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: *Handwritten signature of AGOPIJEAN TOROSSIAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/13/2000 954-5638723
Daytime Phone #

CR2E040 (800)

4U2 TRAVEL

1525 N E 15th Ave
Fort Lauderdale, FL 33304
U.S.A

Tel: 954-5638723
Fax: 954-5372009

13 OCTOBER, 2000

Subject: Reinstate Application "4U2 Travel"

To: Florida Department of State
Division of Corporation.

This letter is to ask you if it is possible to waive penalty fees for the reinstatement application.

The original application was already sent to you on April 25, 2000 along with a check in the amount of 158.75USD.

Unfortunately I did not receive any rejection letter from your office on June 02, 2000 as I explained to the agent over the telephone on October 12, 2000, which suggested me to write you this letter.

So please if you can reinstate the corporation "4U2 Travel Corp".

Thank you for your understanding.

President.
Agopjean Torossian.

