

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 30 PM 6:30

DOCUMENT # P99000035909

1. Corporation Name

TRAVEL LINK SERVICES, INC.

Principal Place of Business

Mailing Address

100 SOUTH ASHLEY DR.
SUITE 2050
TAMPA FL 33602

100 SOUTH ASHLEY DR.
SUITE 2050
TAMPA FL 33602



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

04/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	George Campolla	3818 - S. NINE DR.	VALERIE, FL. 33574
Dir	Sally Lipsstein	13014 N. Dale Hwy Hwy STE 237	Tampa, FL 33618
			200003496612--5
			-12/12/00--01030--009
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIORDANO, JOHN N
220 S. FRANKLIN ST.
TAMPA FL 33602

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

11/28/00

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

11/27/00

Date

813-505-8322

Daytime Phone #

(2)

October 27, 2000

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Annual Report Filing
For Travel Link Services, Inc.

Gentlemen;

This letter shall serve as verification that Travel Link Services, Inc. was late in filing its annual report to the state due to the forms being delivered to an incorrect address.

Please find attached the appropriate filings along with all appropriate filing fees. Thank you for your kind consideration in processing these forms on behalf of the Corporation.

Respectfully
Travel Link Services, Inc.


George Carapella, President