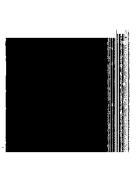
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATI FOR		المراجعة	DEPARTM Katherine Secretary o			and the second second		
					ION OF CORPORATIONS		ILED		
DOCUMENT # P99000056118 1. Corporation Name						01 110V -8 PN 12: 17			
RED CARPET TRAVEL SERVICES, INC.						SECRET TALLAH	ARY OF STATE ISSEE, FLORIDA		
Principal P	lace of Busine	ss	Mailing Addr	ress					
7 DELR DELRAY BEACH FL 33483				90 Salina ave #2 Delray Beach fl 33483					
If above a	addresses are i	incorrect in any way line th	rough incorrect is	nformation and e	nter correction below	EINST	ATEMENT	200[
If above addresses are incorrect in any way, line through incor 2. New Principal Office Address, If Applicable 3. New				Mailing Office Address, If Applicable		To Do Business is Florida			
Suite, Apt. #, etc. Suite				Suite, Apt. #, etc.			06/21/1999		
City & State City &							65-0929573 Applied For Not Applicable		
Zip Country			Zip	Co	ountry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
7. Names	and Street Add	dresses of Each Officer and	l/or Director (Flo	orida nonprofit co			I		
Title(s) 1	Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City / State / Zip		
P	-KRATZ, AIMEE>			60 SAINA AVE #2		·	DELRAY BEACH FL 33483		
8	KRATZ, GARY R			80 SAINA AVE #2			DELRAY BEACH FL 33483		
P	KRETZ AIMER			80 SAHWA AVE #2			DRIMAY BEGGEST	1-1 33483	
5	P KRETZ, AIMÉÉ S KRETZ, GABY R			80 SALWA AVÉ # Z		# 2	DEMAY BEAR		
							00047020 12/03/0101	0,996	
	-						****750.00		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
VDETZ ANAFE					Name	Name			
KRETZ, AIMEE 80 SALINA AVE., #2					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33483					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
					City		State	Zip Code	
10. I. beind	appointed the	registered agent of the ab	ove named corpo	oration, am famili	ar with and accept the ob	oligations of Secti	pn 607 0505, F.S.		
,	, ., ,			,					
Signature o		O NE	EGISTERED AG	ENT MUST SIG	Y		Date 11/5/01		
this rein	statement app	lication, the reason for diss	iver or trustee er olution has been	npowered to exe	cute this application as p corporate name satisfies	the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.04	01, F.S., that all fees	



on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #