

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000105719**

1. Corporation Name

EUREKA SPECIALTY TRAVEL, INC.

Principal Place of Business

1850 LEE RD., STE 321
ORLANDO FL 32789

Mailing Address

1850 LEE RD., STE 321
ORLANDO FL 32789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 324
Winter Park

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite 324
Winter Park

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1999

5. FEI Number

59-3611369

Applied For

Not Applicable

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
D	MATSSON, LENNART	FROSNAS 201,96024 HARADS	SWEDEN
D	MATSSON, EVA ULRIKA	9162 KILGORE RD. 8123 Lake Serene dr.	ORLANDO FL 32836
D	DENNERON, VALERIE L DENNER	9162 KILGORE RD. 8123 Lake Serene dr.	ORLANDO FL 32836
			8000003455528--6 -11/07/00--01087--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DENNER, VALERIE L
1850 LEE RD., STE 321
ORLANDO FL 32789

9. Name and Address of New Registered Agent

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/00

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] **SIGNATURE REQUIRED MATSSON**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

407 644 0872