

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -6 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

R & R TRAVEL OF SOUTH FLORIDA
544982

2. Principal Office Address

6201 N. FALLS CREEK DR

Suite, Apt. #, etc.

301

City & State

LAUDERHILL FL

Zip

33319

Country

Broward

3. Mailing Office Address

6201 N. FALLS CREEK DR

Suite, Apt. #, etc.

301

City & State

LAUDERHILL FL

Zip

33319

Country

Broward

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

65-0253922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STANLEY A. OTTWERGER

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

6201 N. FALLS CREEK DR

Suite, Apt. #, Etc.

301

City

LAUDERHILL

State

FL

Zip Code

33319

900011915859

02/06/03-01073-008 **1150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Stanley Ottwerger
REGISTERED AGENT MUST SIGN

Date

2/4/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	JEFFREY REGITT	4428 NW 86 AVE	CORAL SPRINGS FL 33065

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (934) 777-3950

Date

Daytime Phone #

2/12/03