

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 16 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S74194**

1 Corporation Name

TRAVEL MATTERS, INC.

Principal Place of Business

7829 GREENBRIAR PKWY
ORLANDO FL 32819

Mailing Address

7829 GREENBRIAR PKWY
ORLANDO FL 32819

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

2 New Principal Office Address, If Applicable

1850 LEE ROAD

3 New Mailing Office Address, If Applicable

1850 LEE ROAD

Suite, Apt. #, etc.

SUITE 334

Suite, Apt. #, etc.

SUITE 334

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

Zip

32789

Country

REINSTATEMENT *abaw*

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1991

5. FEI Number

59-3084025

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PO	ROSSMAN, MARLENE	2021 LEE RD.	WINTER PARK FL
D	ROSSMAN, NORMAN	7829 GREENBRIAR PKWY	ORLANDO FL
D	RASH, JOE	2021 LEE RD. 1850 LEE ROAD #334	WINTER PARK FL
AS	RASH, RITA D.	2021 LEE RD. 1850 LEE ROAD #334	WINTER PARK FL
D	KEITH R. ST. CLAIR	1850 LEE ROAD #334	WINTER PARK, FL
D	DIANA ST. CLAIR	1850 LEE ROAD #334	WINTER PARK, FL

8. Name and Address of Current Registered Agent

ROSSMAN, NANCY A.
7829 GREENBRIAR PKWY
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name **KEITH R. ST. CLAIR**
Street Address (P.O. Box Number is Not Acceptable)
1850 LEE ROAD #334
Suite, Apt. #, Etc.
SUITE 334
City **WINTER PARK, FL** State **FL** Zip Code **32789**

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]

Date

12/10/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 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

12-10-96 407-644-2100

Date

Daytime Phone #