

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 22 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # S80524

1. Corporation Name

E.T.I. TRAVEL, INC.

2. Principal Office Address

19585-0 U.S. Highway 441

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33498

Zip

33498

Country

USA

3. Mailing Office Address

19585-0 U.S. Highway 441

Suite, Apt. #, etc.

City & State

Boca Raton, FL 33498

Zip

33498

Country

USA

REINSTATEMENT

04-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/17/1991

5. FEI Number

65-0286234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Law Offices of Andrew B. Blasi, P.A.

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

20283 State Road 7

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State
FL

Zip Code

33498

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

Andrew B. Blasi

REGISTERED AGENT MUST SIGN

Date

6/19/2000

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
P/D	Bharat K. Rao	2154 Airport Drive	Saskatoon, SK Canada S7L6M6
V/S	Mario A. Merluzzi	2121 N. Ocean Blvd., #1105W	Boca Raton, FL 33431

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:

Mario A. Merluzzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-20-00 861-716-1118

Daytime Phone #