

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # V09392

1. Corporation Name  
Unique Travel Services, Inc.

Principal Place of Business Mailing Address  
927-C Fern Street  
Altamonte Springs, FL 32750 same

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/23/92	
City & State		City & State		5. FEI Number	
Zip		Country		59-3100268	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DPS	Scot Peterson	5714 Padgett Drive	Orlando, FL 32809

**REINSTATEMENT**

97-99  
288  
1/8/99

8. Name and Address of Current Registered Agent

Scot Peterson  
5714 Padgett Drive  
Orlando, FL 32809

9. Name and Address of New Registered Agent

Name  
Howard S. Marks  
Street Address (P.O. Box Number is Not Acceptable)  
369 N. New York Avenue  
Suite, Apt. #, Etc.  
Suite 300  
City  
Winter Park  
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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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

Date

Daytime Phone #

12-22-98


CH2E040 (1/98)

**APPLICATION FOR REINSTATEMENT  
FOLLOWING ADMINISTRATIVE DISSOLUTION**

The undersigned, seeking reinstatement of UNIQUE TRAVEL SERVICES, INC., under and pursuant to Section 607.1422, *Florida Statutes*, does hereby certify this 12<sup>th</sup> day of October, 1998, as follows:

1. The name of the corporation is UNIQUE TRAVEL SERVICES, INC., and the date of its administrative dissolution is September 26, 1997.
2. The ground for dissolution, which was the failure to file an annual report, has been eliminated and no further grounds currently exist for dissolution.
3. The corporation's name satisfies the requirements of Section 607.0401, *Florida Statutes*.
4. All fees owed by the corporation, including all applicable interest, have been paid.

UNIQUE TRAVEL SERVICES, INC.

  
By: SCOT PETERSON  
As its: PRESIDENT