

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SEP 18 - 5 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V11084**

1. Corporation Name

BAILEY TRAVEL NETWORK, INC.
17-NW-17th-STREET SUITE-201A
GAINESVILLE, FL 32603

Principal Place of Business

Mailing Address

17-NW-17th-STREET-SUITE-201A-
GAINESVILLE, FL 32603

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

2. New Principal Office Address, If Applicable

114 S.E. FIRST ST.

Suite, Apt. #, etc.
#7

3. New Mailing Office Address, If Applicable

114 S.E. FIRST STREET

Suite, Apt. #, etc.
#7

City & State

GAINESVILLE, FL

Zip
32601

Country
USA

City & State

GAINESVILLE, FL

Zip
32601

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3108663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	Thomas A. Bailey	114 SE FIRST STREET #7	GAINESVILLE, FL 32601

600002765306--5
-02/05/93--01078--017
***1217.50 ***1208.75

8. Name and Address of Current Registered Agent

THOMAS A. BAILEY
17-NW-17th-STREET-SUITE-210A
GAINESVILLE, FL 32603

9. Name and Address of New Registered Agent

Name

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

114 S.E. FIRST STREET SUITE 7
SUITE #7

City
GAINESVILLE

State
FL

Zip Code
32601

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 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

THOMAS A. BAILEY

2-5-99

Date

Daytime Phone #

CR2E08* (12/98)