PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
99 NOV -9 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16371

1. Corporation Name
INTERCP TRAVEL, INC.

Principal Place of Business	Mailing Address
c/o 2100 PONCE DE LEON BLVD STE. 1040 CORAL GABLES, FL 33134	2100 PONCE DE LEON BLVD STE. 1040 CORAL GABLES, FL 33134

900000046979--6
-11/17/99--01017--039
***1508.75 ***1508.75

If above addresses are incorrect, or any words are brought incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/25/92

5. FEI Number: 65-0366558 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,VP,S,T.	CYNTHIA RODRIGUES	c/o 2100 PONCE DE LEON BLVD. STE. 1040	CORAL GABLES, FL 33134

REINSTATEMENT

8. Name and Address of Current Registered Agent

ALEXANDER J. EVANS
2100 PONCE DE LEON BLVD.
STE. 1040
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: 11/8/99

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 of 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: _____ CYNTHIA RODRIGUES PRESIDENT — Date: 10/8/99 — (305)446-2269 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR