


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V19232		
1. Entity Name PRIME TRAVEL SERVICES, INC.		

Principal Place of Business 999 PONCE DE LEON BLVD. SUITE #5 CORAL GABLES, FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD. SUITE #5 CORAL GABLES, FL 33134 US
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2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE # 525</b>	3. Mailing Address Suite, Apt. #, etc. <b>SUITE # 525</b>
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City & State	City & State	4. FEI Number <b>65-0316540</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  LODIN, SCOTT HUGHES, HUBBARD & REED 801 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLIVAR, JOAQUIN 999 PONCE DE LEON BLVD. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>800042754698</b> <b>11/15/04--01068--022 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOLIVAR, ANNIE H. 999 PONCE DE LEON BLVD. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLIVAR, JOSE R 999 PONCE DE LEON BLVD CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Jose R. Bolivar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>11-4-04</u> Daytime Phone # <u>787-728-3666</u>

APPROVED  
AND  
FILED

04 NOV 15 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



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