

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

V26495
West
Cancot Travel of South Fla, Inc.

FILED

99 MAR -3 PM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

201 S Tamiami Tr
Nokomis FL 34275

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

6. CERTIFICATE OF STATUS DESIRED

4/6/92

Applied For

Not Applicable

\$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) 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
Pres	Barbara T. Hanley	✓ 201 S. Tamiami TR	Nokomis FL 34275

REINSTATEMENT

95 *B 3/5/99*

400002799084 -- 8
-03/03/99-01074-012
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

Stephen Macris
Venice, FL

9. Name and Address of New Registered Agent

Name

DAVID M HANLEY

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

1088 Hoover Cir

Suite, Apt. #, Etc

City

Nokomis FL

State

FL

Zip Code

34275

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

David M Hanley
REGISTERED AGENT MUST SIGN

Date

3/2/99

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 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)(b), 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:

Barbara T Hanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99
Date

941-4884080
Telephone #