

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 #

V34534

1. Corporation Name

UNIGLOBE Classic Travel, Inc.

691-13088

Principal Place of Business

Mailing Address

**100 S. Ashley Drive
Suite 200
Tampa, FL 33602**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

April, 1992

5. FEI Number

59-312 4024

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
	Treasurer		
	Gina L. d'Angelo PRESIDENT	7223 Hammett Rd	Tampa, FL 33647
	Secretary		
	Michael Kohnlein Vice President	7223 Hammett Rd	Tampa, FL 33647

**400002230214--1
-07/03/97-01088-011
***1245.00 ***1245.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**J.B. Donnelly
100 N. Tampa, Suite 2825
Tampa, FL 33602**

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

J.B. Donnelly

REGISTERED AGENT MUST SIGN

Date

June 24, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Gina L. d'Angelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

813-221-8785

Daytime Phone #

FILED

97 JUN 30 AM 11:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

94-97

CP2E040 (1/2/96)