

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 20 PM 2:43

DOCUMENT # V48976

1. Corporation Name

EVELINA TRAVEL INC.

REINSTATEMENT

05-06

CR2E081 (12/05)

2. Principal Office Address

1251 101st Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BAY HARBOR ISLANDS FL

City & State

Zip

33154

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0345592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EVELINA HOWENTHAU

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

1251 101st Street

Suite, Apt. #, Etc.

City

BAY HARBOR ISLANDS

State
FL

Zip Code

33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Evelina Howenthauf

REGISTERED AGENT MUST SIGN

Date 22 Sep 06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Off	EVELINA HOWENTHAU	1251 101st Street	BAY HARBOR ISLANDS, FL 33154

4-00080364254
09/28/06--01041--010 **300.00

10. 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 contained in Chapter 119, 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:

Evelina Howenthauf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Sep 06

Date

305-673-3141

Daytime Phone #

Releaser 305-978-9241

242

Division of Corporation
Tallahassee, Fla
Friday, September 22, 2006
Re; Weaver of Reinstament request

It was a real pleasure speaking to you this morning.

I am requesting the following

- 1) Reinstament of Evelina Trvel Inc as a corporate entity in the State of Florida.
- 2) Weaver of the penalties. No document was ever received from the State by me and also due to an oversight by my Fla CPA.

I am in a real emergency of reinstament, since by Tuesday

26Sep/06

ARC/IAR will request withdrawl of money for payment of tickets issued Friday,
September 22, 2006 during the
week of 18SEP/24SEP.

Your attention on the above as an emergency is really very appreciated.

Please note NEW FLORIDA ADDRESS; EVELINA TRAVEL INC
1251 101st STREET
BAY HARBOR ISLANDS, FL 33154
PH 305-673-3141 USA 800-356-5462. FAX 305-861-8843
email; evelinatravel@atlanticbb.net

Thank you very much

Evelina Lowenthal

