

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV -4 AM 8: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10292008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # V56651</b> 1. Entity Name <b>ALL ABOUT TRAVEL OF THE PALM BEACHES, INC.</b>																																																																						
Principal Place of Business <b>7351 LAKE WORTH RD. LAKE WORTH, FL 33467 US</b>			Mailing Address <b>7351 LAKE WORTH RD. LAKE WORTH, FL 33467 US</b>																																																																			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																				
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>65-0352318</b>																																																																		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																		
6. Name and Address of Current Registered Agent  <b>CORREGGIA, JULIA</b>  <i>Julia Correggia</i> <b>10719 Paso Fino Dr. Lake Worth, FL 33467</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																			
8. The above named entity is 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete       </td> </tr> <tr> <td>P</td> <td><b>Julia Correggia</b></td> <td><b>10719 Paso Fino Dr.</b></td> <td><b>Lake Worth, FL 33467</b></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	P	<b>Julia Correggia</b>	<b>10719 Paso Fino Dr.</b>	<b>Lake Worth, FL 33467</b>	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Julia Correggia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																						

REINSTATEMENT  
2008

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11/04/08--01018--010 Change \$150.00

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