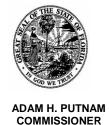
Florida Department of Agriculture and Consumer Services Division of Consumer Services



SELLERS OF TRAVEL INDEPENDENT SALES AGENTS STATEMENT OF EXEMPTION

s. 559.928(3), Florida Statutes 5J-9.002(2) Make check or money order payable and remit with application to:

FDACS P.O. Box 6700 Tallahassee, FL 32399-6700

1-800-HELP-FLA (435-7352) • 850-410-3800 Calling Outside Florida www.800helpfla.com • 850-410-3804 Fax

As of July 1, 2008, an annual filing fee of \$50 is required for each independent sales agent (s. 559.928, F.S.). PLEASE TYPE OR PRINT. Additional pages may be attached if extra space is needed. All fees are non-refundable. I, THE UNDERSIGNED, Name of person making statement: First Name M.I. Last Name of ______ Name operating under, if different than above Located at: ____ in ___ Business Address of Independent Agent _____ in ____ Mailing Address of Independent Agent Email Address Business Telephone Number Their Seller of **Their Address** Seller of Travel you Represent Travel or ARC # Additional pages may be attached if extra space is needed. AND THEREFORE, I: Act for or on behalf of a seller of travel that is operating in compliance with Sections 559.926-559.939, Florida Statutes, the Sellers of Travel Act; AND Have a written contract with the seller(s) of travel listed above (please provide us a copy of the contract); AND Do not receive a fee, commission or other valuable consideration directly from the purchasers of travel or travel related services; AND Do not at any time have any un-issued ticket stock in my possession; AND Do not have the ability to issue tickets, lodging or vacation certificates, or any other travel documents. Signature of Independent Sales Agent The foregoing instrument was acknowledged before me this day of , _____, who is personally known to me or who has produced as identification and who Org Code: 42100602000 EO: A2 made due oath or affirmation. Object Code: 001115 \$50.00

____ (Seal)

DACS-10211 Rev. 07/11

Notary Public

My Comm. Expires