PS 1222

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 20 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028780

1. Corporation Name

STARZ ON TOUR, INC.

REINSTATEMENT 03-04
4/16/23 90245 019 150.00

2. Principal Office Address	**3.** Mailing Office Address
5400 NW 10TH TER	5400 NW 10TH TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 30-0089212 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DOLAN, JAMES V

200034818902
04/30/04--01020--018 **150.00

Street Address (P.O. Box Number is Not Acceptable): 405 Douglas Avenue

Suite, Apt. #, Etc.: 1855 A

City: Altamonte Springs State: FL Zip Code: 32714

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: James V Dolan Date: 4-18-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
STD	BARRY, JAMES	5400 NW 10 TERRACE	Fort Lauderdale FL

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 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: James E Barry JAMES E BARRY 4/14/04 954 328-9872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PJ 2582

Aloha
AIR CONDITIONING, INC.
5400 N.W. 10TH TERRACE, FT. LAUDERDALE, FL 33309

COMMERCIAL • RESIDENTIAL
LICENSE # CA CO25379
(954) 772-0079 • (954) 583-9400
(954) 491-7633 • (954) 491-7553
FAX #: (954) 772-0274

May 12, 2004

Florida Department of State
Divisions of Corporations
PO Box 6198
Tallahassee, FL 32314

RE: Starz on Tour, Inc
#P01000028780

I am resubmitting the Reinstatement Corporation form with necessary changes as requested. I am asking for the $600.00 reinstatement fee to be waived because I did not receive notification that there was a problem with last year's corporation renewal and therefore the corporation was administratively dissolved. If I had received this we would have responded in a timely manner. If you have any questions or need to speak to me please feel free to call Jared Wilder, 954-772-0079.

Sincerely,

James Barry
President