

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 12 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000127425

1. Corporation Name

FLORIDA HAPPY TOURS INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

10230 COLLINS AVE.

Suite, Apt. #, etc.

# 107

City & State

BAL HARBOUR, FL

Zip

33154

Country

USA

3. Mailing Office Address

10230 COLLINS AVE

Suite, Apt. #, etc.

# 107

City & State

BAL HARBOUR, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-6-03

5. FEI Number

432033892

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

CATHERINE HOYOS

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

10230 COLLINS AVE.

Suite, Apt. #, Etc.

# 107

City

BAL HARBOUR

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

Catherine Hoyos

REGISTERED AGENT MUST SIGN

Date

6-3-06

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
P	LUIS E. VERGARA	10230 COLLINS AVE #107	BAL HARBOUR, FL 33154
VT	CATHERINE HOYOS	10230 COLLINS AVE. #107	BAL HARBOUR, FL 33154
DM	CLAUDIA GONZALEZ	10230 COLLINS AVE. #107	BAL HARBOUR, FL 33154
M	MURIAM L. GONZALEZ	10230 COLLINS AVE. #107	BAL HARBOUR, FL 33154
		100076428521	06/21/06 01016 015 **1058.75

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.

305-785-2145

SIGNATURE:

Catherine Hoyos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-3-06

Daytime Phone #