

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 11:02

FALLAHASSEE, FLORIDA

DOCUMENT # P97000044454

1. Corporation Name

EXPO TRAVEL & TOURS, CORP

2. Principal Office Address
2701 Le Jeune Road

3. Mailing Office Address
2701 Le Jeune Road

Suite, Apt. #, etc.
Suite # 328

Suite, Apt. #, etc.
Suite # 328

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip Country
33134 USA

Zip Country
33134 USA

600031740876

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**4. Date Incorporated or Qualified
To Do Business in Florida** 05/16/1997

5. FEI Number
65-0769642

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
ROBERTO J. DIAZ

Street Address (P.O. Box Number is Not Acceptable)
2701 LE JEUNE ROAD,

Suite, Apt. #, Etc.
SUITE 328

City
CORAL GABLES

State Zip Code
FL 33134

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|------------------------|
| PD | ROBERTO DIAZ | 2701 LE JEUNE RD, SUITE # 328 | CORAL GABLES, FL 33134 |
| VSD | GLORIA DIAZ | 2701 LE JEUNE RD, SUITE # 328 | CORAL GABLES, FL 33134 |
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/03

Date

305-303-8931

Daytime Phone #

CP2E081 (01/04)

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Miami, March 22nd, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: EXPO TRAVEL & TOURS, CORP.
Doc Number P97000044454

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$300 to cover the following fees:

\$150-2003 Uniform Business Report
\$150-2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,



Roberto Diaz
President
2701 Le Jeune Road, Suite # 328
Coral Gables, FL 33134