

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089245

1. Corporation Name

STAR TRAVEL TOUR, INC.

2. Principal Office Address

1705 TANGLEWOOD DR

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

34746

Country

EEUU

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida 10/20/98

5. FEI Number

593541874

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

REINALDO SANDRE

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

1705 TANGLEWOOD DR

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

900025163769

12/02/03--01057--008 **485 00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/17/03

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
<u>I</u>	<u>RSANDRE CORREC LEG.</u>	<u>AV. RIO BRANCO 1457A, #9</u>	<u>SAO PAULO - BR - 12005/001</u>
<u>P</u>	<u>REINALDO SANDRE</u>	<u>1705 TANGLEWOOD DR</u>	<u>KISSIMMEE - FL, 34746</u>
<u>S</u>	<u>SILVIA MARIA ROMANO</u>	<u>1705 TANGLEWOOD DR</u>	<u>KISSIMMEE - FL, 34746</u>
	<u>George Quarter GAVE AUTHORIZATION BY PHONE TO CORRECT Officer titles DATE 12/2/03 DOC. EXAM [Signature]</u>		
			<u>[Signature] 12/2/03</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03
Date

321-6994826
Daytime Phone #

CR2E081 (10/02)