

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000089245

FILED
Oct 16, 2006
Secretary of State

Entity Name: STAR TRAVEL, TOUR & SERVICES, INC.

Current Principal Place of Business:

5850 LAKEHURST DR
270-02
ORLANDO, FL 32819 US

New Principal Place of Business:

510 DOUGLAS AVE
1019
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

5850 LAKEHURST DR
270-02
ORLANDO, FL 32819 US

New Mailing Address:

510 DOUGLAS AVE
1019
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3541870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRE, REINALDO
5850 LAKEHURST DR
270-02
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SANDRE, REINALDO
510 DOUGLAS AVE
1019
ALTAMONTE SPRINGS, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANDRE, REINALDO

10/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RSANDRE CORREC. SEG.,
Address: AV. RIO BRANCO 1457 A, #G
City-St-Zip: SAN PAULO-BR-12005/001,

Title: P () Delete
Name: SANDRE, REINALDO
Address: 5850 LAKEHURST DR SUITE 270-02
City-St-Zip: ORLANDO, FL 32819 US

Title: S () Delete
Name: ROMANO, SYLVIA M
Address: 5850 LAKEHURST DR SUITE 270-02
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SANDRE, REINALDO
Address: 510 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S (X) Change () Addition
Name: ROMANO, SYLVIA M
Address: 510 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRE, REINALDO

P

10/16/2006

Electronic Signature of Signing Officer or Director

Date