

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F22279

1. Corporation Name

INTERNATIONAL TOUR SERVICES, INC.

Principal Place of Business

Mailing Address

9388 SIDNEY HAYES RD
ORLANDO FL 32824
US

9388 SIDNEY HAYES RD
ORLANDO FL 32824
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED

98 NOV 19 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1981

5. FEI Number

59-2142491

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PT	TOFFANELLO, ANGELO	9388 SIDNEY HAYES RD	ORLANDO FL 32824
D	FILHO, DELIO S	701 BRICKELL AVE SUITE 1900	MIAMI FL 33131
S	DINGER, JUDITH	9388 SIDNEY HAYES RD	ORLANDO FL 32824
S	EVANS, LAWRENCE S	701 BRICKELL AVENUE SUITE 1900	MIAMI FL 33131
PST	SAMPADIO FILHO, DELIO	9388 SIDNEY HAYES RD	ORLANDO, FL 32824

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EVANS, LAWRENCE S ESQ

701 BRICKELL AVENUE 1570 MADRUGA AVE

SUITE 1900

MIAMI FL 33131

CORAL GABLES FL

33146

Name

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

900002699338-2

Suite, Apt. #, Etc.

-12/02/98-01032-003

City

***750.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 11/16/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

DATE

REPORT

Date

Daytime Phone #

CR2E040 (9/98)