

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 28 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002591

1. Corporation Name

INTERNATIONAL TOURS & CRUISES-FT. LAUDERDALE CO
RP.

Principal Place of Business

6043 KIMBELAY BLVD
SUITE J
N LAUDERDALE FL 33068
US

Mailing Address

503 N. GREEN RIVER RD.
EVANSVILLE IN 47715

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

2. New Principal Office Address, If Applicable

1024 Kane Concourse
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Bay Harbor Island, FL

Zip

33154

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1994

5. FEI Number

35-1302846

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PDC	NORMAN, LAURENCE B	1717 N. BAYSHORE DR., #3946	MIAMI FL 33132
ST	CORBETT, CONNIE R	5403 HECKEL RD.	EVANSVILLE IN 47711
D	BUTTERFIELD, WILLIAM S	C/O 555 TENNIS LANE	EVANSVILLE IN 47715

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

NORMAN, LARRY
1717 N BAYSHORE DR
UNIT 3946
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

700002164027-4

Suite, Apt. #, Etc.

05/02/97 01113-004

****915.00 ****915.00

City

State

FL

Zip Code

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

Ray B. B. B.

REGISTERED AGENT MUST SIGN

Date 3/7/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

Ray B. B. B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(812) 479-8687

Daytime Phone #

CR20040 (7/96)