

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **J79430**

1. Corporation Name

**STAR TOURS CO.**

00 OCT 13 AM 9:53

Principal Place of Business

Mailing Address

6239 EDGEWATER DR.  
SUITE V-3  
ORLANDO FL 32810

6239 EDGEWATER DR.  
SUITE V-3  
ORLANDO FL 32810

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/12/1987

5. FEI Number

58-1806899

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
D	<del>CAINE, A. RUSSEL</del> CAINE, A. RUSSEL	<del>1150 W LARK DR</del> 4 OCEANS W. BLVD 201-C	<del>DAYTONA BCH, FL 32118</del> DAYTONA BCH, FL 32118
D/P	CAINE, LOIS K	4 OCEANS W BLVD, 201-C	DAYTONA BCH SH FL 32118
D	CAINE, JONATHAN M.	160 RESERVE CIRCLE #204	OVERLAND PARK, KS 66205
D	<del>SAFONEN, COLLEEN L</del> SANCHEZ,	<del>1150 W LARK DR</del> 825 W. Queen Creek Rd.	CHANDLER AZ 85248
T/O/V	CAINE, GREGORY	1078 TURNBUCKLE CT.	OCOCHEE, FL 34761

8. Name and Address of Current Registered Agent

RUSSEL, CAINE A  
6239 EDGEWATER DR.  
ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12 OCT 00

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois K. Caine, V-President

1612-000 407-298-5159  
Date Daytime Phone #

CR2E040 8/00