

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J79430**

1. Corporation Name

**STAR TOURS CO.**

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

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4       |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------------|
| DPST          | CAINE, LOIS K                             | 4 OCEAN W BLVD 201-C                                   | DAYTONA BEACH SHORES FL 32118 |
| DP            | CAINE, LOIS K                             | 4 OCEANS W BLVD, 201-C                                 | DAYTONA BCH SH FL 32118       |
|               |                                           |                                                        |                               |
|               |                                           |                                                        |                               |
|               |                                           |                                                        |                               |
|               |                                           |                                                        |                               |

500023769575  
10/13/03--01112--019 \*\*750.00

8. Name and Address of Current Registered Agent

CAINE, GREGORY  
1078 TURNBUCKLE CT  
OCOE FL 34761

9. Name and Address of New Registered Agent

Name

CAINE, GREGORY

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

1317 GLEN HEATHER DR

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/10/03

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  
CAINE, LOIS K, Pres.

Date

Daytime Phone #

407 220 5159

CR2040 (7/03)