


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 97 SEP 17 AM 11:41 SECRETARY OF STATE TALLAHASSEE FLORIDA </div>	
DOCUMENT # L97100 1. Corporation Name <div style="text-align: center; margin-top: 10px;"> SHOP TOUR INTERNATIONAL CORPORATION </div>					
Principal Place of Business 9215 S.W. 141 Place Miami, FL 33186		Mailing Address <div style="text-align: center; margin-top: 10px;"> REINSTATEMENT </div>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable c/o JCD 201 S. Biscayne Blvd. Suite, Apt. #, etc. 1600 Miami Center		3. New Mailing Address, If Applicable c/o JCD 201 S. Biscayne Blvd. Suite, Apt. #, etc. 1600 Miami Center		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">8/29/90</div>	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 65-0269757	
Zip 33131 Country USA		Zip 33131 Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		
P/D	Galebe, Luiz Antonio	c/o JCD 201 S. Biscayne Blvd. 1600 Miami Center	Miami, FL 33131		
S/D	Rodrigues dos Santos, Maria	c/o JCD 201 S. Biscayne Blvd. 1600 Miami Center	Miami, FL 33131		
8. Name and Address of Current Registered Agent Lima, Joseph 9215 S.W. 141 Place Miami, FL 33186			9. Name and Address of New Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. Suite, Apt. #, Etc. 1600 Miami Center City Miami State FL Zip Code 33131		
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 BY: <i>Jill Zammis</i> Date _____ Jill Zammis, Asst. Secretary REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Luis Antonio Galebe</i> Luis Antonio Galebe, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (12/95)