

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 PM 2:48

DOCUMENT # P00000040096

1. Corporation Name

TITICACA CULTURAL & ADVENTURE TOUR'S INC.

Principal Place of Business

320 SE 3 COURT  
POMPANO BEACH FL 33060

Mailing Address

320 SE 3 COURT  
POMPANO BEACH FL 33060



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/17/2000

5. FEI Number

65-111-23-85

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	City / State / Zip
P=	LILIAN SCHOMAKER	320 S.E. 3 COURT	POMPANO BEACH, FL 33060

8. Name and Address of Current Registered Agent

SCHOMAKER, LILIAN L  
320 SE 3 COURT  
POMPANO BEACH FL 33060

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

REGISTERED AGENT MUST SIGN

Date

10/18/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 254 254 4466

292

Pompano Beach Oct. 18th 2001

Mrs. Florida Department of State.  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box. 6327  
Tallahassee FL. 32314-6327

RE: TITICACA CULTURAL & ADVENTURE TOUR'S INC.  
Document # P00000040096

Dear Sir/Madam,

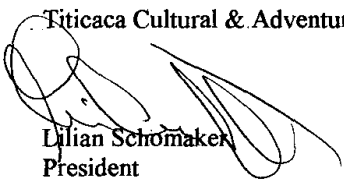
I have received from you a Notice of Administrative Dissolution or Revocation and on this matter please note:

1. I made my registration with the respective payment before the due date.
2. You sent me back the registration because at the time I did not yet had my tax number,
3. As soon as I received my tax number I re-sent it to you but once more it has been returned for lack of some information on Officer name which in this case is my own,
4. In July 2001 I sent again the documents back to you by regular mail in the respective envelope that you provide.

I am looking forward for your reply.

Truly yours

Titicaca Cultural & Adventure Tour's Inc.

  
Lilian Schomaker  
President