

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P00000044209

**1. Corporation Name**

Floridaze Excursions, Inc.

**2. Principal Office Address**

1719 Hoffner Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

USA

**3. Mailing Office Address**

1719 Hoffner Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/02/2000

**5. FEI Number**

59-3643312

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

01 DEC -7 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700004740437--4

-12/27/01--01010--016

\*\*\*\*150.00 \*\*\*\*150.00

**7. Name and Address of Current Registered Agent**

Name

Hector, James J.

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32801

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Alley, Robert Michael	1719 Hoffner Avenue	Orlando, FL 32809
D	Doerk, Russell	3036 Alarka Court	Longwood, FL 32779

**10. 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:**

*Robert Michael Alley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/01

Daytime Phone #

407/812-9518

CR2E081 (9/00)

282  
**CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.**

Certified Public Accountants & Consultants

A member of



Northern Trust Building  
Suite 285 - 4001 Tamiami Trail North  
Naples, Florida 34103  
Tel.: (941) 643-1901  
Fax: (941) 643-9808

1400 W. Fairbanks Ave.  
Suite 102  
Winter Park, Florida 32789  
Tel.: (407) 629-1944  
Fax: (407) 740-0671

SunTrust Bank Center - Building 1  
Suite 309 - 3379 West Vine Street  
Kissimmee, Florida 34741  
Tel.: (407) 935-0101  
Fax: (407) 935-0103

**Please reply to:** Winter Park

November 7, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Floridaze Excursions, Inc.  
59-3643312

To Whom It May Concern:

Please be advised our client did not receive any notice to file the 2000 Uniform Business Report. It is for this reason we respectfully request that your office grant a one-time waiver of the reinstatement fee. Please note that the client will take the necessary steps to ensure the Uniform Business Report is filed by May 1<sup>st</sup> in future years.

Please find enclosed the taxpayer's Application for Reinstatement and the annual filing fee of \$150.

Thank you and if you have any questions please do not hesitate to contact our office.

Sincerely,

  
James W. Ferrell

Enclosures as stated