

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000006659**

**1. Corporation Name**

**MEGA TOURS & TRANSPORTATION, INC.**

**2. Principal Office Address**

**800 W OAKLAND PARK BLVD.**

Suite, Apt. #, etc.

**SUITE 312**

City & State

**WILTON MANORS, FL**

Zip

**33311-0916**

Country

**USA**

**3. Mailing Office Address**

**800 W OAKLAND PARK BLVD.**

Suite, Apt. #, etc.

**SUITE 312**

City & State

**WILTON MANORS, FL**

Zip

**33311-0916**

Country

**USA**

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

**01/18/01**

**5. FEI Number**

**65-1076968**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

**CLEMENTE LAMUS**

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

**800 W OAKLAND PARK BLVD**

Suite, Apt. #, Etc.

**SUITE 312**

City

**WILTON MANORS**

State  
**FL**

Zip Code

**33311-0916**

**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

REGISTERED AGENT MUST SIGN

Date **11/05/02**

**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
PRES	CLEMENTE LAMUS	20379 COUNTRY CLUB DR # 337	AVENTURA, FL 33180

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/05/02**

Date

**954 567-2011**

Daytime Phone #

800 w.Oakland park, Phone: 954-567-2011  
Blvd, suit# 312, Fax: 954-567-2043  
wilton manors, fl 33311 Email: megatour2001@aol.com

## Mega Tours, Inc.

November 25, 2002

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
P O Box 6327  
Tallahassee, FL 32314

RE: Mega Tours and Transportation, Inc  
Doc # P01000006659  
Letter # 302A00062285  
Attn: Justin M. Shivers

Dear Mr. Shivers:

In response to your letter dated November 18, 2002 and per our telephone conversation, we wish to inform you that when we moved from 801 Brickell Dr, Miami, FL 33131 to 800 W. Oakland Park Blvd Suite 312 Wilton Manors, FL 33311, we never received the documents. We believe it was returned to the Department of State.

Based on these facts, it will be greatly appreciate that you waive the penalty fees for us.

Please find enclosed our document and a copy of your letter. Hoping this information will be sufficient to file our documents.

If you have any question concerning this matter, please do not hesitate to contact us.

Sincerely



Clemente A. Lahus, President

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