

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014696

1. Corporation Name

TOPOLINO TOURS, INC.

Principal Place of Business

4516 BAR HARBOR DRIVE  
ORLANDO FL 32821

Mailing Address

4516 BAR HARBOR DRIVE  
ORLANDO FL 32821



REINSTATEMENT 02

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3700742

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	D'ALESSANDRO, INES	4516 BAR HARBOR DRIVE	ORLANDO FL 32821
D	MSADEK, MALEK M	6005 WESTGATE DRIVE APT 2222	ORLANDO FL 32835

000008644620  
11/29/02--01037--020 \*\*150.00

000008644620  
11/14/02--01074--000 \*\*600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MSADEK, MALEK M  
6005 WESTGATE DRIVE, APT 2222  
ORLANDO FL 32835

Name

INES D'ALESSANDRO

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

4516 BAR HARBOR DR

Suite, Apt. #, Etc.

HOUSE

City

ORLANDO

State

FL

Zip Code

32821

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

*INES D'ALESSANDRO*  
REGISTERED AGENT MUST SIGN

Date 10-24-2002

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

*INES D'ALESSANDRO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/08/02 4072489695