

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR -9 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041002

1. Corporation Name

YELLOW STAR WHOLESALER TOUR OPERATOR USA CORPORATION

Principal Place of Business

Mailing Address

168 SW 1 STREET
MIAMI FL 33131

168 SW 1 STREET
MIAMI FL 33131

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

~~168 SW 1 STREET~~
Suite, Apt. #, etc.
501

Suite, Apt. #, etc.

City & State
Miami

City & State

Zip
33131

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2001

5. FEI Number

52-2313426

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	State / Zip 4
PD	GALATRO, FERNANDO	168 SW 1 STREET STE 501	MIAMI FL 33131
VSTD	BALMACEDA, GUSTAVO	168 SE 1 ST STE 501	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUSTAVO, BALMCEDA
168 SE 1 STREET STE 501
MIAMI FL 33131

Name
Emilio de Acosta
Street Address (P.O. Box Number is Not Acceptable)
4445 W 16th Avenue
Suite, Apt. #, Etc.
502
City
Miami
State
FL
Zip Code
33012

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/20/03

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 #

[Signature]
GUSTAVO BALMACEDA

10/20/03 905.577.1717

CR2E040 (7/03)