# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

#### P02000021105 DOCUMENT #

1. Corporation Name

#### SUNTASTIC TOURS INTERNATIONAL, INC.

| REINSTATEMENT 03-09 |
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04 MAR 26 AH 9: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Principal Place of Business Mailing   |   |  | ess   |  | 1 000 FR 60°   | 9 4 4.2 1 PP 1A1      | 1 grant Al B (    | ) 5 - O (                   |  |
|---|---|--|---|--|--|-----------------------|-------------------|-----------------------------|--|
| 844 GROVE PARK DR.<br>DAVENPORT FL 33837  |   | 844 GROVE PARK DR.<br>DAVENPORT FL 33837 |   |  |  |                       |                   |                             |  |
| 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 |   |  |   |  | 500025255875<br>12/05/0301040010 **150,00<br>4. Date Incorporated or Qualified   |                       |                   |                             |  |
| Suite, Apt#, etc. Suite, a  |   |  | , Apt. #, etc.                                    |  | To Do Business in Florida 02/18/2002   |                       |                   | 002                         |  |
| City & State City &   |   |  | ity & State                                       |  | 5. FEI Numbe   | r<br>                 |                   | Applied For  Not Applicable |  |
| ZipZipZip   |   | Zip                                      | Country   |  | 6. S8.75 Additional Fee requirements of Status Desired To a Certificate Of Status Desi |                       |                   |                             |  |
| 7. Names  | and Street Addresses of Each Officer and      | d/or Director (Flo                       | rida nonprofit corporat                           | tions must list at le                              | ast 3 directors)   |                       |                   |                             |  |
| Title(s)  | Name of Officers<br>and/or Directors          |  | Street Address of Each<br>Officer and/or Director |  |  | City / State / Zip    |                   |                             |  |
| D   | KRASNOFF, MURRAY                              | 844 GROVE PARK DR.                       |   |  | DAVENPORT FL 33837   |                       |                   |                             |  |
|   |   |  |   |  |  | <b></b>               |                   |                             |  |
|   | -   |  |   |  |  |                       |                   |                             |  |
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|   |   |  |   |  |  |                       |                   |                             |  |
| 9 % 14<br>1 <sub>6</sub> 48   | <u> </u>                                      |  |   |  |  |                       |                   |                             |  |
| Name and Address of Current Registered Agent  |   |  |   |  | 9. Name and Address of New Registered Agent  |                       |                   |                             |  |
|   |   |  |   | Name   | •  | -                     |                   |                             |  |
| HABER, LAWRENCE H ESQ.<br>844 GROVE PARK DR.  |   |  |   | Street Address (P.O. Box Number is Not Acceptable) |  |                       |                   |                             |  |
|   |   |  |   | Suite, Apt. #, Etc                                 | <u> </u>   |                       |                   |                             |  |
|   |   |  |   | City   |  | <del></del>           | State Zip         | Code                        |  |
| 10. I, bein<br>Signature<br>Registere   | d Agent                                       | M  | oration, am/familiar wi                           | th and accept the                                  | obligations of Sec   | tion 607.0505, F.S. o | or 617.0505, F.S. |                             |  |
|   | y that I am an officer or director or the rec |  |   |  |  |                       |                   |                             |  |

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:

ME OF SIGNING OFFICER OR DIRECTOR

407-408-0013

DUE TO SITUATIONS BEYOND MY CONTROL, I NEVER

TRECEIVED THE INITIAL UBR FORM. I REALISE THIS IS

MY RESPONSIBILITY TO FILE ON A TIMERY BASIS AND REQUEST

THAT THE PENALTIES PLEASE BE ABATED, I CAN

ASSURE YOU THIS WILL NOT HAPPEN NEXT YEAR

YOURS TRULY,

MURICAY M. KICASHOFF

SUNTASTIC TOURS INTERNATIONAL, INC.





March 23, 2004

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

To the Reinstatement Board,

I honestly do not know where to start. I am very embarrassed at the situation my company is in and would like to have your help to rectify it.

Last year, we received a Notice Of Administrative Dissolution Or Revocation. I called the telephone # listed and had said that we did not receive any notices before this one. We were directed to write a letter explaining the situation and send that letter along with a check for \$150.00 for review. I gave the letter to my Office Manager along with the information of how to proceed. I did not follow up and was under the impression that all was okay. Without my knowledge, the Office Manager mailed the form and check for \$150.00, however did not in close the letter that had been written. A response was mailed back to us and required a signature from the Registered Agent and an additional fee of \$600.00. The Office Manager did not inform me of the situation and took it into their hands to take care of the situation.

It is now months later and that person is no longer with us. In going through the process of reorganizing the office I came across the letter that I wrote. I contacted my CPA who was applying for an EIN # for Suntastic Tours International, Inc. and was informed that the company was Dissolved.

I now have in my possession all documents with proper signatures and also the original letter that was being sent. I ask for your approval for reinstatement without penalties and will send the fee for 2004 as soon as I receive a response from your decision.

Thank you for your Time, Murray M. Krasnoff President Suntastic Tours Intenational, Inc. MMK