

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000021634**

1. Corporation Name

STAR TOURS INTERNATIONAL, INC.

Principal Place of Business

5859 AMERICAN WAY
 STE 500
 ORLANDO FL 32819
 US

Mailing Address

315 E ROBINSON ST
 STE 160
 ORLANDO FL 32801
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/23/1993

5. FEI Number

59-3177638

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ESTEVES, LUIS R	1121 ARBOR GLEN CIRCLE	WINTER SPRINGS FL 32708
D	ESTEVES, MARIA F	1121 ARBOR GLEN CIRCLE	WINTER SPRINGS FL 32708
			600004637006--1 -11/28/01--01051--009 ***750.00 ***750.00
REINSTATEMENT 01/1/93			

8. Name and Address of Current Registered Agent

GARCIA, MARIO A
 5859 AMERICAN WAY
 ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 315 E ROBINSON ST. STE 160
 Suite, Apt. #, Etc.
 City
 ORLANDO
 State
 FL
 Zip Code
 32801

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/01

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

10/24/01

Daytime Phone #

407-354
3060



FILED

01 OCT 30 - PM 12:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E040 (8/01)