

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
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 01/1/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GARCIA, MARIO A
5859 AMERICAN WAY
ORLANDO FL 32819**

Name

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

**315 E Robinson St. STE 160
Suite, Apt. #, Etc.
STE 160
ORLANDO**

State

Zip Code

FL

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

[Signature]

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/01

**407-354
3060**

CR2E040 (8/01)