


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT <i>2002 UBN</i></div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED 02 DEC 23 AM 10:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">100009638341 12/23/02--01059--008 **150.00</div>	
DOCUMENT # P93000021634			
1. Corporation Name Star Tours International, Inc.			
2. Principal Office Address 5859 American Way Suite, Apt. #, etc. Suite 500 City & State Orlando, FL Zip 32819		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number 59-3177638	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Garcia, Mario A.			
Street Address (P.O. Box Number is Not Acceptable) 315 E. Robinson Street			
Suite, Apt. #, Etc. Ste 160			
City Orlando		State FL	Zip Code 32801
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent		Date 12/19/02	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Esteves, Luis R.	1121 Arbor Glen Cir.	Winter Springs, FL 32708
D	Esteves, Maria F.	1121 Arbor Glen Circle	Winter Springs, FL 32708
10. 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 #

CR2E081 (9/01)