


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 02 DEC 23 AM 10:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000021634  
 1. Corporation Name  
 Star Tours International, Inc.

100009638341  
 12/23/02--01059--008 \*\*150.00

2. Principal Office Address 5859 American Way		3. Mailing Office Address same	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32819	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3177638	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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)