

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997 SEP 18 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075885

1. Corporation Name

U.S.A. Tourist Services Centers, Inc.

Principal Place of Business

3501 W. Vine Street  
Suite 261F  
Kissimmee, FL 34741

Mailing Address

3501 W. Vine Street  
Suite 261  
Kissimmee, FL 34741

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

2. New Principal Office Address, If Applicable

301 E. Hillcrest St.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

301 E. Hillcrest St.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/2/93

5. FEI Number

59-3241608

Applied For

Not Applicable

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

U.S.A.

Zip

32801

Country

U.S.A.

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Anthony Arrigioni	307B E Livingston Street Orlando, FL 32801	Orlando, FL 32801
V.P.	David Humenansky	5307 St. Stephen St.	Moondsvie, MN 55112 800002300238--1 -09/22/97--01171--006 ****558.75 ****558.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Thomas Arrigioni  
301 E. Hillcrest St.  
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name 800002300238--1  
Street Address (P.O. Box Number is Not Acceptable) 09/22/97--01171--007  
Suite, Apt. #, Etc. \*\*\*\*356.25 \*\*\*\*356.25  
City State Zip Code  
FL

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

*Thomas Arrigioni*  
REGISTERED AGENT MUST SIGN

Date 9-10-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

9-10-97 407481-0118  
Date Daytime Phone #

CR2E040 (12/96)