

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
04 JUL 22 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000 9742

1. Corporation Name

FAR AWAY TOURS, INC.

300039740673
07/30/04--01071--014 **2108.75

2. Principal Office Address

585 S.E 9th AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

Hialeah FL 33010

City & State

Hialeah Florida 33010

Zip

33010

Country

USA

Zip

33010

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/94

5. FEI Number

05-0467366

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HILDA QUERIS

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

5870 SW 8th St.

Suite, Apt. #, Etc.

1

City

Miami

State

FL

Zip Code

33144

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

H. Queris

Date

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
Pre	<u>Cinara Ortega</u>	<u>585 S.E 9th ave</u>	<u>Hialeah FL 33010</u>
Vice	<u>MAIDA Mendez</u>	<u>455 W 42 St.</u>	<u>Hialeah FL 33012</u>

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

H. Queris

7/20/2004 305 264-2204
Date Daytime Phone #