

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **994 - 85143**

1. Corporation Name

Cruise Planners, Inc.

Principal Place of Business

Mailing Address

**3300 University DR
Suite 602
Coral Springs, FL 33065**

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

FILED

99 JAN 26 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

Nov '94

5. FEI Number

65-0542790

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)

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.	Lynn Korn	1278 NW 85 TERR Coral Springs, FL 33071	→
V. Pres	Michelle Fee	9278 NW 13 Place	Coral Springs FL 33071
Secy	Marvin Davis	21490 Laguna DR	Boca Raton, FL 33433

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8. Name and Address of Current Registered Agent

**Lynn Korn
1278 NW 85 Terr
Coral Springs, FL 33071**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Lynn Korn
REGISTERED AGENT MUST SIGN

Date

1/25/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

Lynn Korn - Lynn Korn

Date

1/25/99

Daytime Phone #

**(954)
344-8060**

CR2E001 (12/98)