

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 19 AM 8:00

DOCUMENT # P94000086599

1. Corporation Name

ALTA TOURS IMP. & EXP. INC.

REINSTATEMENT 03-04

2. Principal Office Address

11473 NW 34th street

Suite, Apt. #, etc.

N/A

City & State

Miami FL

Zip

33178

Country

Miami-Dade

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

900029037159
02/19/04--01005--021 **900.00

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0536647

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

Epitacio C. Neto

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

11473 NW 34 ST

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date Feb 6/04

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 |
|--------|--------------------------------------|---|--------------------|
| P | Epitacio C. Neto | 11473 NW 34 ST. | MIAMI FL 33178 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Epitacio C. Neto - PRES 2/6/04 (305) 471-7781

Date

Daytime Phone #

CR2E081 (9/00)