

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000049307

1. Corporation Name

JOLI TOUR CRUISES, INC.

FILED
00 DEC 29 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

3300 SW 34TH AVE
SUITE 160 #4
OCALA FL 34474
US

3300 SW 34TH AVE
SUITE 160 #4
OCALA FL 34474
US

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

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1995

5. FEI Number

59-3220291

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|-------------------------|
| DVT | COLEMAN, DWIGHT | 4018 SW 35TH AVE 3240 SW 34th St. Apt 104 | OCALA FL 34474 |
| DPS | COLEMAN, ANGELYN | 4017 SW 35TH AVE 3240 SW 34th St. Apt 104 | OCALA FL 34474 |
| D | DEWESE, TERESA | 1917 SW 35TH AVE | OCALA FL 34475 |
| D | Dejuan Coleman | 11290 Southbury Pl | Jax FL 32257 |
| | | | 7/12/00 90005 002 |
| | | | \$150.00 |

8. Name and Address of Current Registered Agent

COLEMAN, DEWIGHT
3201 S.W. 34TH AVENUE
SUITE 203
OCALA FL 34474

3240 SW. 34th St.
Apt 104

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100003535591-5

-01/12/01--01054--002

***600.00 Date 12/26/00

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

Dewight Coleman

REGISTERED AGENT MUST SIGN

Date

Dec. 26, 00

11. 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 taxes 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 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 #

Dewight Coleman

Dec. 26, 00

854-8394

(352)

CR2E040 (8/00)