

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 30 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061772

1. Corporation Name
TOUR EXPRESS CORP.

Principal Place of Business
121 SE 1ST STREET
SUITE 1004
MIAMI FL 33131

Mailing Address
121 SE 1ST STREET
SUITE 1004
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable
121 SE 1ST STREET
SUITE 1004
MIAMI FL 33131

3. New Mailing Office Address, If Applicable
121 SE 1ST STREET
SUITE 1004
MIAMI FL 33131

4. Date Incorporated or Qualified To Do Business in Florida
08/10/1995

5. FEI Number 65-0603752
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
P	CAMPOS, TANEQ	121 SE 1ST STREET #1004	MIAMI FL 33131
V	CARLINI DE SOUZA, REGGIS G	121 SE 1ST STREET	MIAMI FL 33131 400002339654--8 -11/06/97--01003--014 ***165.00 ***165.00
V	IRIS CARLOS DE FREITAS	121 SE 1ST STREET #1004	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERREIRA FALCAO, LUIZ R
8010 WEST DRIVE
#178
MIAMI FL 33141

Name
CAMPOS TANEQ
Street Address (P.O. Box Number is Not Acceptable)
1301 MIAMI GARDENS DRIVE #1416-W
Suite, Apt. #, Etc.
#1416 W
City
NORTH MIAMI
State
FL
Zip Code
33179

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

REGISTERED AGENT MUST SIGN

Date 10/27/97

11. This corporation owes or has paid 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

Date

Daytime Phone #

10/27/97

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Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.



President