

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000068103

1. Corporation Name  
LARSEN TOURS U.S.A., INC.

Principal Place of Business  
6061 COLLINS AVENUE  
SUITE 9-F  
MIAMI BEACH FL 33140

Mailing Address  
6061 COLLINS AVENUE  
SUITE 9-F  
MIAMI BEACH FL 33140

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1995

Suite, Apt. #, etc.  
6689 Collins Ave.

Suite, Apt. #, etc.

5. FEI Number  
65-0681499

Applied For

City & State  
Miami Beach FL

City & State

Not Applicable

Zip  
33141

Country  
USA

Zip  
Country

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
<del>VP</del>	<del>DIGEMOSE, STEEN</del>	<del>2099 COLLINS AVE. SUITE 116</del>	<del>MIAMI BEACH FL 33140</del>
P	GORELL, DAN	6061 COLLINS AVE	MIAMI BEACH FL 33140
VP	GORELL, NATALIA	6061 COLLINS AVE	MIAMI BEACH FL 33140
D	Balfour, Jason C.	1348 Washington Ave., #186	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORELL, DAN  
6061 COLLINS AVENUE  
SUITE 9-F  
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

000002368870-8

-12/10/97-01114-007

\*\*\*750.00 \*\*\*750.00

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

*Dan Gorell*

REGISTERED AGENT MUST SIGN

Date 11-01-97

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

*Dan Gorell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-97

Date

305-866-7171

Daytime Phone #

CPCE040 (8/97)