

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 NOV -5 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000070666

1. Corporation Name

DAWN HOLIDAY CRUISE SERVICES, INC.

Principal Place of Business

1775 NW 70 AVE
MIAMI FL 33126

Mailing Address

1775 NW 70 AVE
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1996

5. FEI Number

52-1992976

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
P	ORDONEZ, RAFAEL A	122 BAL BAY DR.	BAL HARBOUR FL 33154
D	CARRERAS, RAFAEL	8985 NW 39TH ST.	COOPER CITY FL 33024

8000004698308--8

11/29/01--01050--002

****150.00 ****150.00

8. Name and Address of Current Registered Agent

ORDONEZ, RAFAEL A
1775 NW 70 AVE
STE. 500
MIAMI FL 33126

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/01

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 28 2001

CR2040 (8/01)

Dawn Holiday Cruise Services, Inc.

1775 N.W. 70th Avenue • Miami, Florida 33126 • (305) 592-8790
Telex: 51-9725 APOLLO MIA • Fax: (305) 599-2347

October 25, 2001

RE: FEI Number 52-1992976

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

To Whom It May Concern:

Please accept payment of \$150.00 for Uniform Business Report. The previous reports mailed to us were never received. We greatly appreciate your cooperation in this matter.

Thank you,

Sincerely,


Rafael Ordonez