PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98-99 AR

99 MAR 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015429

1. Corporation Name

AMERICAN CRUISES TOURS AND TRANSPORTATION INC.

Principal Place of Business	Mailing Address
2301 Collins Ave Mezz 105-D. Miami Beach Fl 33139.	110 South Shore Dr #2E Miami Beach Fl 33141

600002823936--4
-04/05/99--01142--012
****300.00 ****300.00

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
SAME AS ABOVE	SAME AS ABOVE.
Suite, Apt. #, etc. 105-D.	Suite, Apt. #, etc. 2E.
City & State M.B. Fl	City & State M.B. Fl
Zip 33139 Country U.S.A.	Zip 33141 Country U.S.A.

4 Date Incorporated or Qualified To Do Business in Florida: FEB 18/97.

5 FEI Number: 65-013-8085

6 CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable

$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Ruben R. Garcia.	20 NW 166 ST.	North Miami Fl 33169.

8. Name and Address of Current Registered Agent

Ruben R. Garcia
20 NW 166 ST.
North Miami Fl 33169.

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

CR2E081 (12/98)

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: Ruben R. Garcia — REGISTERED AGENT MUST SIGN

Date: March 24/99.

11. This corporation owes 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: Ruben R. Garcia — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24/99. — Date

Daytime Phone #