

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 31 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029171

1. Corporation Name

CRUISE WORLD, INC.

Principal Place of Business

Mailing Address

13149 N DALE MABRY  
STE 701  
TAMPA FL 33618  
US

13149 N DALE MABRY  
STE 701  
TAMPA FL 33618  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3443964

Applied For

Not Applicable

City & State

City & State

Zip

Country

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	4 City / State / Zip
P	ZOLLER, YVONNE SUSAN	1772 S EAGLE LANE	LUTZ FL 33549
ST	LUPO, WILLIAM M.	9125 CYPRESS KEEP LANE	ODESSA FL 33556
P	Zoller Yvonne Susan	17725 Eagle Lane	Lutz, FL. 33549
			700003471907--3 -11/21/00--01027--002
			****750.00 ****750.00
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZOLLER, YVONNE S.  
13149 N DALE MABRY  
#701  
TAMPA FL 33618

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

*Y. Susan Zoller*  
REGISTERED AGENT MUST SIGN

Date 10/25/00

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 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:

*Y. Susan Zoller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

813-265-8747

Daytime Phone #