

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:32

DOCUMENT #

P97000039957

1. Corporation Name

POLLEDRI INTERNATIONAL TOURS INC

2. Principal Office Address

300 Biscayne Blvd Way

Suite, Apt. #, etc.

622

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

60

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/1977

5. FEI Number

65-0754428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$975 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALBA V. POLLEDRI

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

800 W. AVE

Suite, Apt. #, Etc.

903

City

M. Beach

State

FL

Zip Code

33135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

12/4/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALBA V. POLLEDRI	800 W. Ave #903	M. B. FL 33139

10. 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

ALBA V. POLLEDRI

Date

12/4/00 305 577-3586

Daytime Phone #

CR2081 (9/99)