

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 23 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000061398

1. Corporation Name

Imperial Princess Cruises, Inc

2. Principal Office Address

205 S. HOOPER

Suite, Apt. #, etc.

400

City & State

TAMPA FL

Zip

33609

Country

USA

3. Mailing Office Address

205 S. HOOPER

Suite, Apt. #, etc.

400

City & State

TAMPA FL

Zip

33609

Country

USA

REINSTATEMENT 98-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-97

5. FEI Number

59.3451285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. Styles Wilson

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

205 S. HOOPER #400

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

J. Styles Wilson

REGISTERED AGENT MUST SIGN

Date 11-22-05

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
Pres	Shirley Carter	205 S. HOOPER #400, TPA FL	
VP	Carolyn Thatcher	205 S. HOOPER #400	TPA FL 33609

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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)(l), 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:

Shirley Ann Carter

Shirley Ann Carter, Pres

11/22/05

Date

813-286-2323

Daytime Phone #