

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99002
REINSTATEMENT

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

DOCUMENT # **P98000000369**

1. Corporation Name

CRUISE CLUB INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O HERMAN SHORE
5860 NW 44TH ST. STE 206
LAUDERHILL FL 33319

C/O HERMAN SHORE
5860 NW 44TH ST. STE 206
LAUDERHILL FL 33319

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1998

5. FEI Number

65-0831787

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	HERMAN SHORE	5860 NW 44TH ST #206	LAUDERHILL FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHORE, LORRAINE 5860 NW 44TH ST, STE 206 LAUDERHILL FL 33319	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
State	Zip Code
FL	

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 Lorraine Shore Date Oct 12, 1999
REGISTERED AGENT MUST SIGN

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: Herman Shore Date 10/12/99 Daytime Phone # 954 739-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FROM THE DESK OF
Mr. LAS VEGAS
Herm Shore

*The Contention Filing and
Filing was completed &
Filed in August 1993
A copy of check was enclosed
I was told by your office to
complete the enclosed form
Please send notice that Contention
is in good standing*



Mr. LAS VEGAS

JB TRAVEL, INC. • TAMARAC

Tamarac Town Square • 8255 N. Pine Island Road, Tamarac, FL 33321

DIRECT LINES

Broward: 1-800-441-0135
Dade-Palm Beach: 1-800-441-0135