

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 19 AM 11:53

DOCUMENT #

1. Corporation Name

CARMEL CRUISE & TOUR, INC.
P98000049129

2. Principal Office Address - No P.O. Box #

3404 Shoma Dr.

3. Mailing Office Address

3404 Shoma Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05.29.98

5. FEI Number

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

SHIFRA PINHAS

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

5220 South State Rd. 7

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33314

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Shifra Pinhas

REGISTERED AGENT MUST SIGN

Date 11.14.07

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 | ROBERTA PRINGLE | 3404 Shoma Dr. | Royal Palm Beach FL 33414 |
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REINSTATEMENT 99-0713

11/26/07

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 contained in Chapter 119, 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:

Roberta Pringle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.14.07

Date

561-584 1009

Daytime Phone #