

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

01 MAY -3 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053159

1. Corporation Name

Alex's Sports & Tours Co.

2. Principal Office Address

5572 Metro West blvd

Suite, Apt. #, etc.

111

City & State

Orlando FL

Zip

32811

Country

Orange

3. Mailing Office Address:

The same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JUL 1998

5. FEI Number

593517237

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

RUBEN D. TORO

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

7345 SAND LAKE RD. STE. 204

300004324393

Suite, Apt. #, Etc.

204

City

ORLANDO

State

FL

Zip Code

32819

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03/13/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
President	Alexandre Carias	5572 Metro West blvd # 111	Orlando FL 32811

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/10/01 407 716 5100

Daytime Phone #

CR2E081 (9/00)