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PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FO	RM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN  Glenda E. Ho  Secretary of Si  DIVISION OF CORPOR	ood tate		_ED
DOCUMENT # DOOOOO		ATIONS	03 001 21	PM 2: 29
DOCUMENT # P98000068103  1. Corporation Name			SLONE IÁ: TALLAHAS:	NY ON STATE SEE, FLORIDA
SAFARI RIVER TOURS, INC.				
Principal Place of Business	Mailing Address			
222 LUCERNE DRIVE DEBARY FL 32713	222 LUCERNE DRIVE DEBARY FL 32713			
and the second of the second o		-	REMSTATEMENT 03	
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			Date Incorporated or Qualified	14 9 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida	08/04/1998
Uff W HighBAUKS RA	City & State	AUK; RO	5. FEI Number 59-3518186	Applied For Not Applicable
DeBARY FL Country 32713 VOI451A	Desany FL Zip Country	lusi4	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		-	at 3 directors)	
Name of Officers S		eet Address of Each licer and/or Director	· [	ity / State / Zip
STD CURREY, DAVID H 222 LUCERNE DR		8	DEBARY FL 32713	
		1.	10/21/03011270	
PSTO CURACY PAVIOH	488 W 1	High BA.	NO NO DEBARY 3	27/3
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The Two Prior	" a Ni Forn Bursan	<b>c</b> r		
Reporte porices.				
		_	Buch	
	Naw Mary	1	9. Name and Address of New Regis	tered Agent
CURRY, DAVID H	V	Name		
222 LUCERNE DRIVE 4 F 4			O. Box Number is Not Acceptable)  V. Hish Karks ho	
DEBARY FL 32713		Suite, Apt. #, Etc.		
<u> </u>	<u> </u>	Desany	ويراسي المساد	State Zip Code FL コスフ/3
10. I, being appointed the registered agent of the above	e named corporation, am familiar wi	th and accept the obl	igations of Section 607.0505, F.S. or 61	7.0505, F.S.
Signature of Registered Agent	SISTERED AGENT MUST SIGN		Date	16-03
~ HEG	AISTENEU AGENT MUST SIGN		- 11111	

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 filling 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 tra 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

10-16-03 3+6-668-1002
Date Daytime Phone #