## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000069720

1. Corporation Name

Ameritours & Travel, Inc.

FILED

99 DEC 23 PH 1:51

SEGRETARY OF STATE
TABLAHASSEE, FEORIDA

Principal Place of Business Mailing Address								
3399 N.W. 72nd Avenue 3399 N.W.				W. 72nd Avenue				
Suite 214 Suite								
Miami, Fl 33122		Miami	Miami, F1 33122		1	•	0.0	
	dresses are incorrect in any wa	<u> </u>			REIN	ISTATEME	NTOO	
New Principal Office Address, If Applicable     3. New Mai			ling Office Address, If Applicable			porated or Qualified iness in Florida		
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State		City & State	City & State		165-0	65-0856473 N		
Zip	Country	Zip	Cour	ntry	6.	re of status desired 🗆 🚟		
7. Names and	d Street Addresses of Each O	fficer and/or Director (Flo	orida nonprofit corpo	orations must list at I	east 3 directors)	<del></del>	·- <u>-</u>	
Title(s)		Name of Officers and/or Directors 3 (			ch or (Numbers)	City / State / Zip		
P/D	Sandra Sanchez		9883 N.W. 43rd Terr		ace	ce Miami, F1 33178		
		·					<u>*****750</u> .00	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
Stephen A. Freeman  520-Brickell Key-Drive; Suite-0-305  Miami, Fl 33131				Suite, Apt. #, Etc.				
				City		State	Zip Code	
10. I, being ap	opointed the registered agent	of the above named corp	oration, am familiar	with and accept the	obligations of Sect			
Signature of Registered Ag	entSHG	REGISTERED AG	ENT MUST SIGN			Date12/1/99		
	corporation owe	s the current y	rear	Yes	□ No E	(See other sid	de for information agible tax.)	
	igibio i Gisonai i	Topolty lax de	ac durie do.			<u> </u>		
12. I certify tha	at I am an officer or director or	the receiver or trustee er	npowered to execut	e this application as	provided for in cha	apter 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.

Sandra Sanchez
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR