

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000090852

1. Corporation Name

FLORIDA CRUISE BUREAU, INC.

Principal Place of Business

3501 W. VINE STE. 104-B  
KISSIMMEE FL 34746

Mailing Address

3501 W. VINE STE. 104-B  
KISSIMMEE FL 34746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3501 W. VINE ST

Suite, Apt. #, etc.

Suite 382

City & State

KISSIMMEE FL

Zip

34741

Country

3. New Mailing Office Address, if Applicable

3501 W. VINE ST

Suite, Apt. #, etc.

Suite 382

City & State

KISSIMMEE FL

Zip

34741

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1998

5. FEI Number

593540291

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
D	KELLOGG, RONALD E	4817 WALDEN CIR.	ORLANDO FL 32811
D	SWEET-NICHOLS, CANDACE	8331 DIAMOND COVE CIRCLE	ORLANDO FL 32836

700003026917-2

-10/27/98-01092-010

\*\*\*\*758.75 \*\*\*\*758.75

8/10/26

8. Name and Address of Current Registered Agent

SWEET-NICHOLS, CANDACE  
3501 W. VINE STE. 104-B  
KISSIMMEE FL 34746

9. Name and Address of New Registered Agent

Name RONALD E. KELLOGG

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

4817 WALDEN CIR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10-17-99

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:

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

Date

10-17-99

Daytime Phone #

407 931 1119