

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -9 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108091

1. Corporation Name

HILITE WORLD TRAVEL TOURS, Inc.

2. Principal Office Address

8378 West Oakland Park

Suite, Apt. #, etc. Boulevard

City & State

Sunrise FL

Zip 33351 Country USA

3. Mailing Office Address

8378 West Oakland Park

Suite, Apt. #, etc. Boulevard

City & State

Sunrise FL

Zip 33351 Country USA

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

Dec 30 1998

5. FEI Number

65-0815531

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

ARSHAD JAFRI

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

8378 West Oak

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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

Arshad Jafri

Date

May 8, 2003

REGISTERED AGENT MUST SIGN

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
<u>P</u> <u>T</u> <u>O</u>	<u>ARSHAD JAFRI</u>	<u>8378 West Oakland Park</u> <u>Boulevard, Sunrise, FL</u>	<u>Sunrise, FL 33351</u>

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 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:

Arshad Jafri

President

May 8, 2003

(954) 746-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)