

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041781

1. Corporation Name

DIRECT EXCURSIONS, INC.

2. Principal Office Address

365 PACIFIC ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

365 PACIFIC ROAD

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

Zip

33149

Country

MIAMI-DADE

City & State

KEY BISCAYNE, FL

Zip

33149

Country

MIAMI-DADE

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/99

5. FEI Number

65-0917320

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

JORGE I. CANALS

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

365 PACIFIC ROAD

Suite, Apt. #, Etc.

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date

12/16/04

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
D	JORGE I CANALS	365 PACIFIC ROAD	KEY BISCAYNE, FL 33149

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:

JORGE I. CANALS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/04

Daytime Phone #

(305) 836-0155

CR2E081 (01/04)