

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000050119

1. Corporation Name

CITY TOURS ORLANDO, INC.

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI FL 33156

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

737 WEST OAK RIDGE ROAD
Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

USA

3. New Mailing Office Address, If Applicable

737 WEST OAK RIDGE ROAD
Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1999

5. FEI Number

22-3659496

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
P/D	RAYMOND THOMAS	26 A OAK ST.	E. RUTHERFORD, NJ 07073
VP/D	RAYMOND HECKMANN	737 WEST OAK RIDGE RD.	ORLANDO, FL 32809
VP/D	DAVID HECKMANN	737 WEST OAK RIDGE RD.	ORLANDO, FL 32809
VP/D	GUSTAVO THOMAS	26 A OAK ST.	E. RUTHERFORD, NJ 07073
S/T/D	ERIC THOMAS	26 A OAK ST.	E. RUTHERFORD, NJ 07073

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name RAYMOND THOMAS c/o CITY TOURS ORLANDO, INC.
Street Address (P.O. Box Number is Not Acceptable)
737 WEST OAK RIDGE ROAD
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32809

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

REGISTERED AGENT MUST SIGN

Date

12-27-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-27-00

KE

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