# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 31 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050119

1. Entity Name
CITY TOURS ORLANDO, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 737 WEST OAK RIDGE ROAD<br>ORLANDO, FL 32809 | 737 WEST OAK RIDGE ROAD<br>ORLANDO, FL 32809 |

REINSTATEMENT 01/27/2006 BEING CR2E098 (11/05) 05-06

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 22-3659496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| THOMAS, RAYMOND<br>737 WEST OAK RIDGE ROAD<br>ORLANDO, FL 32809 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RAYMOND S THOMAS PRESIDENT 01/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $900.00**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>THOMAS, RAYMOND<br>299 MURRAY HILL PARKWAY<br>E. RUTHERFORD, NJ 07073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>400065585364<br>02/10/06--01072--013 **900.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>HECKMANN, RAYMOND<br>737 WEST OAK RIDGE ROAD<br>ORLANDO, FL 32809 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>HECKMANN, DAVID<br>737 WEST OAK RIDGE ROAD<br>ORLANDO, FL 32809 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>THOMAS, GUSTAVO<br>299 MURRAY HILL PARKWAY<br>E. RUTHERFORD, NJ 07073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>THOMAS, ERIC<br>299 MURRAY HILL PARKWAY<br>E. RUTHERFORD, NJ 07073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 01/27/06 201-959-4154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell FEB 2 2006