2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000050119

City-St-Zip:

E. RUTHERFORD, NJ 07073

Entity Name: CITY TOURS ORLANDO, INC.

FILED Oct 26, 2007 Secretary of State

Entity Nai	me: CITY IC	JURS ORLANDO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ГОАК RIDGE D, FL 32809	ROAD			
Current Mailing Address:			New Mailing Address:		
737 WEST OAK RIDGE ROAD ORLANDO, FL 32809			299 MURRAY HILL PARKWAY, 2ND FLOOR EAST RUTHERFORD, NJ 07073		
FEI Number	: 22-3659496	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
737 WEST ORLANDO	RAYMOND FOAK RIDGE D, FL 32809	US	purpose of changing its registers	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office of registered agent, or both,	
SIGNATU	RE: RAYMO	ND THOMAS			
	Electro	onic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	THOMAS, RAY 299 HURRAY) Delete YMOND HILL PARKWAY DRD, NJ 07073	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMAS, GU 299 MURRAY) Delete STAVO HILL PARKWAY DRD, NJ 07073	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	THOMAS, ERI	X) Delete C HILL PARKWAY	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAYMOND THOMAS P/D 10/26/2007