

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gleada E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -5 AM 8:00

DOCUMENT # **P99000072451**

1. Corporation Name

COQUI TOURS & TRAVEL, CO.

REINSTATEMENT 03-04
MRS



800027402828
01/22/04--01021--007 **158.75

Principal Place of Business

Mailing Address

ELLINOR VILLAGE SHOPPING CENTER
282 NORTHSORE DR. SUITE 10
ORMOND BEACH FL 32176

ELLINOR VILLAGE SHOPPING CENTER
282 NORTHSORE DR. SUITE 10
ORMOND BEACH FL 32176

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3328758

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FIGUEROA, FRANCISCA	94 PONCE DELEON DR	ORMOND BEACH FL 32176

800027402828
03/05/04--01069--004 **141.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/2/04

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02/04
Date

386-677-3277
Daytime Phone #

CR2E040 (7/03)

282 Northshore Dr.
Suite #10
Ormond Beach, FL 32176



292

(386) 677-3277
(386) 677-2988 Fax
1 (877) 464-3217
Out of Florida
nancy@coquitoursandtravel.com

1/02/04

To Whom it may Concern,


I am writing this letter to advise you that this corporation did not receive any prior notices in ²⁰⁰³ regards to maintaining our active status as a corporation.

I was not aware of any problems until I received your notice this past week.

I am enclosing the filing-report-fee-of-\$150.00 along with \$8.75 for a-Certified-of-Status-copy.

I hope this matter can be resolved as soon as possible as I would hate to experience any problems with my Bank and several other companies that we show listed as a Corporation.

Thank You Kindly,


Francisca Figueroa
Owner

"A Unique Travel Experience"
www.coquitoursandtravel.com
email: nancy@coquitoursandtravel.com