

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 22 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075512

1. Corporation Name

CRUISE CONCEPTS INTERNATIONAL, INC.

Principal Place of Business

475 CENTRAL AVE., STE. 402
ST. PETERSBURG FL 33701

Mailing Address

475 CENTRAL AVE., STE. 402
ST. PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

4700 SUNRISE DR. S.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4700 SUNRISE DR. S.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1999

5. FEI Number

59-3597645

Applied For

Not Applicable

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33705

Country

U.S.A.

Zip

33705

Country

U.S.A.

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
D	MUDD, JOHN T	475 CENTRAL AVE., STE. 402	ST. PETERSBURG FL 33701
D	MUDD, JOHN T.	4700 SUNRISE DR. S.	ST. PETERSBURG, FL 33701
			200003602912--0
			-01730701--01130--029
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

MUDD, JOHN T
475 CENTRAL AVE., STE. 402
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

MUDD, JOHN T.

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

4700 SUNRISE DR. S

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33705

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

1/18/2001

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

JOHN T. MUDD

Date

1/18/2001

Daytime Phone #

727-867-7038

CR2E040 (8/00)