

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 12 11:10:02

**DOCUMENT #** P99000104631

**1. Corporation Name**

Sun Travel Trading and Tours, Inc.

**2. Principal Office Address**

411 Lighthouse Drive

Suite, Apt. #, etc.

**City & State**

Palm Beach Gardens, FL

Zip

33410

Country

USA

**3. Mailing Office Address**

411 Lighthouse Drive

Suite, Apt. #, etc.

**City & State**

Palm Beach Gardens, FL

Zip

33410

Country

USA

**REINSTATEMENT**

00-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/29/1999

**5. FEI Number**

650968574

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

E.H.G. Registered Agents, Inc.

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

5100 Town Center Circle

Suite, Apt. #, Etc.

Suite 430

City

Boca Raton

State

FL

Zip Code

33486

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/10/06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Bengt Bjvorsik	411 Lighthouse Drive	Palm Beach Gardens, FL 33410
V/S/D	Robert Munson	411 Lighthouse Drive	Palm Beach Gardens, FL 33410

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10/12/06--01043--024 \*\*1050.00

**10. 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 contained in Chapter 119, 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]*

Bengt Bjvorsik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

561-427-8895

Daytime Phone #

0. Michael OCT 12 2006