

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 OCT -7 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S11350 **96 AR**

1. Corporation Name

MIAMI CRUISE CONTROL, INC.

Principal Place of Business

Mailing Address

2875 NE 191 STR  
STE ~~001~~  
MIAMI FL 33180  
US

2875 NE 191 STR  
STE ~~001~~  
MIAMI FL 33180  
US

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

11/05/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0229533

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HARRIS, PHYLLIS	2875 NE 191 ST.	AVENTURA FL

600001980016--2  
-10/18/96--01051--001  
\*\*\*208.75 \*\*\*208.75

*JB10-17-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLFE, EVAN R., ESQ.  
2701 S. BAYSHORE DR.  
5TH FL., COCONUT GROVE BANK BLDG.  
MIAMI FL 33133

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.

Signature of Registered Agent

*Evan R. Wolfe*

REGISTERED AGENT MUST SIGN

Date

10-1-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Phyllis Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96  
Date

305937-0303  
Daytime Phone #

CR2E040 (7/96)

# MIAMI AIR & CRUISE CONTROL

A Full Service Travel Agency



Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

I never received the annual reports, until this notice of  
Dissolution.

I moved my office from suite 821 to 602, and that is probably the reason.

As per Sean Toner I am enclosing a check for \$200 plus \$8.75 for a  
certificate of status.

Thank you for your consideration.

Very truly yours,

Phyllis Harris  
President