

2003 AR

S15716

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 NOV 10 PM 3:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15716

1. Corporation Name

CUE TRAVEL FLORIDA, INC.

REINSTATEMENT 2003

000024563330
11/10/03--01054--005 **750.00

2. Principal Office Address

12757 New Field Drive

3. Mailing Office Address

P.O.Box 771348

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1990

5. FEI Number

59-3038092

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32877

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kazumi Liley

Street Address (P.O. Box Number is Not Acceptable)
12757 Newfield Drive

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32837

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

REGISTERED AGENT MUST SIGN

Date 11/7/2003

DC
11/7/03

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
Pres	Goro MORI	64-33 99th Street	Rego Park, NY 11374
GM	Kazumi LILEY	12757 Newfield Drive	Orlando, FL 32837
Secr	Mika TANAKA	98 Lincoln Avenue	Woodridge, NJ 07075

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 under section 119.07(3)(l), 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

Mika Tanaka
Secretary

11/7/2003 212 840-4111

Date

Daytime Phone #

CR2E081 (10/02)

2052

11/19/03

RETURN MAIL DETAIL SCREEN

8:38 AM

CORP NUMBER: S15716

CORP NAME: CUE TRAVEL FLORIDA, INC.

2003

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0016

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0013

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: