

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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



APPROVED AND FILED
 97 JUL 30 PM 1:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 543642

1. Corporation Name

Katlak Tours, Inc.

Principal Place of Business

Mailing Address

4306 Winnipeg Court
 Orlando, FL 32835

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/08/91

5. FEI Number

65-0260949

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
PSD	Swanson, Edward	4306 Winnipeg Court	Orlando, FL 32835

500002256515--9
 08/04/97 01103-011
 ****915.00 ****915.00

8/28/91

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Malmer, Trond
 239 Commercial Boulevard
 Lauderdale-by-the-Sea, FL 33308

Name

Swanson, Edward

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

4306 Winnipeg Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

Edward Swanson

REGISTERED AGENT MUST SIGN

Date 7-28-97

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:

Edward Swanson
 EDWARD SWANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 291-3399
 Daytime Phone #

CR2E040 (12/96)