

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 19 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S55221

1. Corporation Name

STUDENT ADVENTURE TOURS, INC.

Principal Place of Business

Mailing Address

8525 SW 92 ST  
STE B-9  
MIAMI FL 33156  
US

8525 SW 92 ST  
STE B-9  
MIAMI FL 33156  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1991

5. FEI Number

65-0267999

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	4 City / State / Zip
D	AZOULAY, CHARLES	10700 N. KENDALL DR., #302	MIAMI FL
		8525 SW 92nd St, B-9	Miami, FL 33156
			600003222216--2 -04/25/00--01013--017 ****158.75 ****158.00
			600003222216--2 -04/25/00--01013--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRICE, IRA  
9130 S DADELAND BLVD.  
#1705  
MIAMI FL 33156

Name

Jeffrey H. Fink

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

9300 S. Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 214

City

Miami

State

FL

Zip Code

33156

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

JEFFREY H. FINK  
REGISTERED AGENT MUST SIGN

Date 4-18-00

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

Date

Daytime Phone #

KE

4/14/2000

305/270-1728