

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-03

DOCUMENT #

S55221

1. Corporation Name

Student Adventure Tours, Inc.

2. Principal Office Address

8525 SW 92nd St.

Suite, Apt. #, etc.

B-9

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33156

Country
USA

City & State

FLORIDA

Zip

Country

03 FEB 17 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800010668468
02/12/03-01009-013 **291.25

800010668468
01/23/03-01034-029 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

GINK JEFFREY

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

9300 S. Oakland Blvd.

214

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

Date

REGISTERED AGENT MUST SIGN

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	Charles Agooay	8525 SW 92nd St. B9 MIAMI, FLA 33156	

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)(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:

01/16/03 305/270-1728

Department Of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

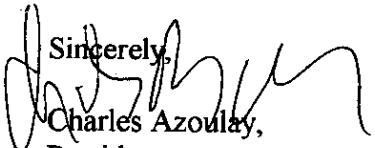
Dear Sir/Madam;

RE: Uniform Business Report- Student Adventure Tours, Inc

I was notified by my accountant that my corporation is inactive.

We have never received the Report for the year 2002 and we are enclosing Our check in the amount of \$ 158.75 to cover the fees including a certificate.

We appreciate your cooperation and I hope to be able to receive the 2003 report for advance handling.


Sincerely,
Charles Azoulay,
President,
Student Adventure Tours, Inc