

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 JAN 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05733**

1. Corporation Name

ESPRIT TOURS AND TRAVEL CORP.

Principal Place of Business

**5750 MAJOR BLVD.
SUITE 375
ORLANDO FL 32819**

Mailing Address

**5750 MAJOR BLVD.
SUITE 375
ORLANDO FL 32819**

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

01/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3100459

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	ASHBROOK, MONIQUE M	5750 MAJOR BOULEVARD, SUITE 375	ORLANDO FL

000002065380--4
01/22/97-01172-010
***383.75 ***383.75

REINSTATEMENT 1996
A. Alan
1/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ASHBROOK, MONIQUE M.
5750 MAJOR BOULEVARD
SUITE 375
ORLANDO FL 32819**

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

Monique Ashbrook
REGISTERED AGENT MUST SIGN

Registered Agent

Date **JANUARY 13/1997**

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:

Monique Ashbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIQUE M. ASHBROOK
PRESIDENT

JAN/13/97

Date

(407) 252-3318

Daytime Phone #

CR2E040 (7/96)