

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 5:34

DOCUMENT # **V24707**

1. Corporation Name **COMPLETE TOURS INC.**

2. Principal Office Address

1154 W-HWY-436

Suite, Apt. #, etc.

City & State

ALTAMONTE, SP. FL.

Zip

32714

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/1996

5. FEI Number

59-3115553

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

FERNANDO CONDEMARIN

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

1105-TURNER LN.

Suite, Apt. #, Etc.

City

ALTAMONTE SP.

State
FL

Zip Code

32714

300004316183-2

-05/24/01--01097--037

*****1350.00 ***1350.00**

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

Fernando Condemarin

REGISTERED AGENT MUST SIGN

Date

4/30/01

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
PRESIDENT	FANNY-BALLESTER	102-FOREST-PARK-CT.	LONGWOOD, FL. 32779
VICE PRESIDENT	FERNANDO CONDEMARIN	1105-TURNER-LN	ALTAMONTE, SP. FL. 32714
SECRETARY	KATHY-CONDEMARIN	1105-TURNER-LN	ALTAMONTE, SP. FL. 32714

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 corporation 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Fanny Ballester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

407-788-2199

Daytime Phone #

CR2E081 (9/00)