


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V42819		
1. Entity Name MIAMI STAR BUS LINES CHARTER AND TOURS, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Principal Place of Business 8701 NW 109 TERR HIALEAH GARDENS, FL 33016 US	Mailing Address 8701 NW 109 TERR. HIALEAH GARDENS, FL 33016 US
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05 JAN 31 PM 1:23  
**REINSTATEMENT 04-05**

2. Principal Place of Business <b>9114 NW 114 ST</b>	3. Mailing Address <b>9114 NW 114 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01272005 REIN-P CR2E098 (6/04)

City & State <b>HIALEAH GARDENS FL</b>	City & State <b>HIALEAH GARDENS FL</b>
Zip <b>33014</b>	Country <b>DADE</b>
Zip <b>33014</b>	Country <b>DADE</b>

4. FEI Number <b>65-0352370</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LAW OFFICES OF DELAILA J. ESTEFANO, P.A. 11050 SW 88TH STREET MIAMI, FL 33176	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

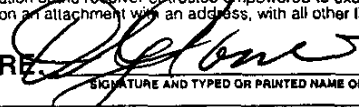
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, OLGA <input type="checkbox"/> Delete 8701 NW 109 TERR HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9114 NW 114 ST HIALEAH GARDENS FL 33014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700046294767 02/10/05--01011--001 **308.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #