

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V56881**

1. Corporation Name

Caesar's TOURS, Inc.

Principal Place of Business

Mailing Address

**1121 E. Vine ST (OAKTREE PLAZA)
Kissimmee, FL 34744**

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

FL 34744 USA

4. Date Incorporated or Qualified To Do Business in Florida

08/10/92

5. FEI Number

59-3135607

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/V.P S/T/D	Cesar Baez	1621 Regal Cove CT	Kissimmee, FL 34744
Director	Rafael A. Baez	URB. TONALTA HEIGHT GALLE. 35, AR-13	TOA AHA, P.R. 00953

REINSTATEMENT

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-07/23/98--01082--010

******108.75 ****108.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Cesar Baez
1621 Regal Cove CT
Kissimmee, FL 34744**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/15/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/15/98
Date

407-931-3603
Daytime Phone #

CR2E040 (1/98)