PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

94-97AR

FILED pg. 1 of 2
97 APR 23 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70299

1. Corporation Name

J. N. TOUR OPERATOR, INC.
150 S.E. 2nd Ave. # 1112 B
Miami, Florida 33131
Principal Place of Business

5271 IMAGES CIRLE # 302
KISSIMMEE FLORIDA 34746
Mailing Address

300002155113--7
-04/25/97--01053--017
****765.00 ****765.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.: 5271 Images Circle # 302
City & State: KISSIMMEE Florida
Zip: 34746 County: OSCEOLA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.: 5271 Images Circle # 302
City & State: KISSIMMEE FLORIDA
Zip: 34746 Country: OSCEOLA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/92

5. FEI Number: 65-0361446 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-D	NETO, JOSE MUANIS	5271 Images Circle 302	KISSIMMEE, FLORIDA 34746
S-D	ASSUNCAO, JANISE D.	" " "	" "
VP-D	NETO, JAMIL M.	" " "	" "
J			04-24-97

8. Name and Address of Current Registered Agent

NETO, JOSE MUANIS

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 5271 Images Cirle
Suite, Apt. #, Etc.: # 302
City: KISSIMMEE State: FL Zip Code: 34746

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] Date: 04/19/97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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APRIL 14, 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REF: J.N TOUR OPERATOR, INC.
5271 IMAGES CIRCLE #302
KISSIMMEE, FL. 34746
DOCUMENT #V-70299

Please enclosed find a check for the amount of $765.00 to cover the annual fee for the corporation mentioned above. This total is to cover years 94/95/96 including 1997.
I wasn't able to do those years on time, because I moved and I didn't receive the renewal application at my current address.
Please, Can you do the necessary adjustments to waive the penalty, I do understand it was my mistake, but like I mentioned before I did'nt receive it on time.
I do appreciate very much your help on this matter.

Sincerely Yours,

Jose Muanis Neto