

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State  
Division of Corporations

FILED

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

Mailing Address

5271 IMAGES CIRCLE # 302  
KISSIMMEE FLORIDA 34746

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 Address, If Applicable

5271 Images Circle  
Suite, Apt. #, etc.

5271 Images Circle  
Suite, Apt. #, etc.

# 302

# 302

City & State

City & State

KISSIMMEE Florida

KISSIMMEE FLORIDA

Zip

Zip

34746

Country

OSCEOLA

34746

Country

OSCEOLA

DO NOT WRITE IN THIS SPACE

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip       |
|----------|--------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|
| 1        | 2                                    | 3                                                                                         | 4                        |
| P-D      | NETO, JOSE MUANIS                    | 5271 Images Circle 302                                                                    | KISSIMMEE, FLORIDA 34746 |
| S-D      | ASSUNCAO, JANISE D.                  | " " "                                                                                     | " "                      |
| VP-D     | NETO, JAMIL M.                       | " " "                                                                                     | " "                      |
|          |                                      |                                                                                           |                          |
|          |                                      |                                                                                           |                          |
|          |                                      |                                                                                           |                          |
|          |                                      |                                                                                           |                          |
|          |                                      |                                                                                           |                          |
|          |                                      |                                                                                           |                          |

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 Circle

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

REGISTERED AGENT MUST SIGN

Date

04/19/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pg. 2062

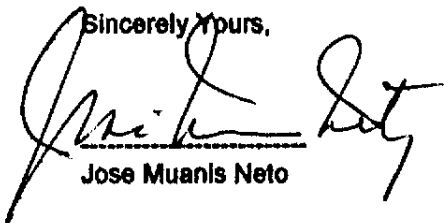
APRIL 14, 1997

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

REF: J.N TOUR OPERATOR, INC.  
5271 IMAGES CIRCLE #302  
KISSIMMEE, FL. 34748  
DOCUMENT #V-70289

Please enclosed find a check for the amount of \$785.00 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 didn't receive it on time. I do appreciate very much your help on this matter.

Sincerely Yours,

A handwritten signature in dark ink, appearing to read 'Jose Muanis Neto', is written over a horizontal line. The signature is stylized with a large initial 'J' and a long, sweeping tail.

Jose Muanis Neto