

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 AUG 17 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000021437

**1. Corporation Name**

Surf and Sun Tours, Inc.  
825 US HWY 1 Suite 320  
Jupiter, FL 33477

**2. Principal Office Address**  
825 US HWY 1

**3. Mailing Office Address**  
825 US HWY 1

Suite, Apt. #, etc.  
Suite 320

Suite, Apt. #, etc.  
Suite 320

City & State  
Jupiter, FL

City & State  
Jupiter, FL

Zip Country  
33477 Palm Beach

Zip Country  
33477 Palm Beach

**REINSTATEMENT**

99-50

**4. Date Incorporated or Qualified To Do Business in Florida** 3/6/98

**5. FEI Number**  
34-1767814

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

§875: Additional Fees required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Lyman Andreas

Street Address (P.O. Box Number is Not Acceptable)  
825 US HWY 1

100003368321-9  
-08/23/00--01025--00  
\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.  
Suite 310

City  
Jupiter

State Zip Code  
FL 33477

**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: *Lyman Andreas* Lyman Andreas  
REGISTERED AGENT MUST SIGN

Date 8/16/00

**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
D	Lyman Andreas	825 US HWY 1, Suite 320	Jupiter, FL 33477
D	Christopher Andreas	825 US HWY 1, Suite 320	Jupiter, FL 33477
D	Shawn Andreas	825 US HWY 1, Suite 320	Jupiter, FL 33477

LS

**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 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)(f), 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:** *Lyman Andreas* Lyman Andreas 8/16/00 (800)574-7577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/98)