

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000090150

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** HOLLOCH-WEINGARTEN FLORIDA KEYS ADVENTURE TOURS, INC.

**Current Principal Place of Business:**

572 SPANISH LANE, VENTURE OUT  
CUDJOE KEY, FL 33042

**New Principal Place of Business:**

29545 CANAL STREET  
BIG PINE KEY, FL 33043

**Current Mailing Address:**

572 SPANISH LANE, VENTURE OUT  
CUDJOE KEY, FL 33042

**New Mailing Address:**

29545 CANAL STREET  
BIG PINE KEY, FL 33043

**FEI Number:** 27-1233934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FOHRMAN, DARRYL  
322 ELIZABETH ST  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

VAN LOON, DAVID ESQUIRE  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 US

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.

SIGNATURE: DAVID VAN LOON

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOLLOCH-WEINGARTEN, THOMAS  
Address: 29545 CANAL STREET  
City-St-Zip: BIG PINE KEY, FL 33043

Title: D  
Name: HOLLOCH-WEINGARTEN, SARA  
Address: 29545 CANAL STREET  
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS HOLLCH WEINGARTEN

D

04/19/2011

Electronic Signature of Signing Officer or Director

Date