

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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TALLAHASSEE, FLORIDA

04-05
T. Roberts OCT 11 2005

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>160815</u> 1. Corporation Name AMERICAN SIGHTSEEING TOURS, INC.			
2. Principal Office Address 160 S. Route 17 North Suite, Apt. #, etc.		3. Mailing Office Address 160 S. Route 17 North Suite, Apt. #, etc.	
City & State Paramus, NJ		City & State Paramus, NJ	
Zip 07652	Country	Zip 07652	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/13/50		5. FEI Number 59-0611101	
6. CERTIFICATE OF STATUS DESIRED ☐		☒ Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes St. Suite, Apt. #, Etc. City Tallahassee			
State FL		Zip Code 32301	
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 <u>Carla Lohi</u> Asst. Vice Pres. Date <u>10-7-05</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP, TR	Ross Kinnear	160 S. Route 17 N.	Paramus, NJ 07652
Sec &	same		
Dir	same		
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)(b), 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: <u>Ross Kinnear</u> ROSS KINNEAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/12/05 713-286-2015 Date Daytime Phone #	

C32501 10/03

Florida Department of State

Division of Corporations

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Division of Corporations
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From:

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CORPORATION REINSTATEMENT**AMERICAN SIGHTSEEING TOURS, INC.**

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