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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-05
OCT 11 2005

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 160815 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. PEI 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 <i>Carla Lohi</i>		Asst. Vice Pres. <i>Carla Lohi</i>	
REGISTERED AGENT MUST SIGN		Date 10-7-05	
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
VP, TR	Ross Kinneaz	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)(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: <i>Ross Kinneaz</i>		9/12/05 713-286-2015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Florida Department of State
Division of Corporations
Public Access System

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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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