

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAY -4 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

610148  
MAP TOURS, INC.

1. Corporation Name

2. Principal Office Address

7760-A N. KENDALL DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

7760-A N. KENDALL DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/15/1979

5. FEI Number

65-0034420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARY ANN PASSAFIUME, CTC

Street Address (P.O. Box Number is Not Acceptable)

8963 SW 112 PLACE

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33176

800004271748-0

05/18/01-01090-017

\*\*\*\*900.00 \*\*\*\*900.00

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

MARY ANN PASSAFIUME, CTC

Date

MAY 4, 2001

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
P	MARY ANN PASSAFIUME, CTC	8963 SW 112 PLACE	MIAMI, FL 33176
VP	Michael Amis	191 OAK RIDGE TRAIL	FAYETTEVILLE, GA 30214
S/T	Michele Amis	191 OAK RIDGE TRAIL	FAYETTEVILLE, GA 30214

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)(l), 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: MARY ANN PASSAFIUME, CTC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01

305 271 0600

Date

Daytime Phone #

CR2001 (8/00)