

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 19 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003527

1. Corporation Name

INSIGHT INTERNATIONAL TOURS, Inc.

2. Principal Office Address

745 ATLANTIC AVENUE

Suite, Apt. #, etc.

SUITE 720

City & State

Boston MA

Zip

02111

Country

3. Mailing Office Address

745 ATLANTIC AVENUE

Suite, Apt. #, etc.

SUITE 720

City & State

Boston MA

Zip

02111

Country

KA

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/3/1993

5. FEI Number

95-3794395

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

THE PRENTICE HALL CORPORATION SYSTEM INC

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

1201 HAYS STREET

Suite, Apt. #, Etc.

100004032641

City

TALLAHASSEE FL

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

4-19-01

REGISTERED AGENT MUST SIGN

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	TOLLMAN, ARNOLD	32 EAST 64th STREET #4E	NEW YORK, NY 10021
D	TOLLMAN, MICHAEL	MIZZENTOP COURT #1	WARWICK BE
PD	MCCORMACK, PETER	166E 34th ST. #13K	NEW YORK, NY 10016
TSVD	SARAIVA, SUSAN	92 WORCESTER LN	WALTHAM, MA 02451

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)(i), 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:

Susan M. Saraiva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

617-482-2000

Daytime Phone #

CR2E081 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 120521 4357514

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 1050.00

ORDER DATE : April 18, 2001

ORDER TIME : 10:01 AM

ORDER NO. : 120521-005

CUSTOMER NO: 4357514

CUSTOMER: Susan M. Saraiva, Secretary
INSIGHT INTERNATIONAL TOURS,
INSIGHT INTERNATIONAL TOURS,
745 Atlantic Ave
Ste 720
Boston, MA 02111

DOMESTIC FILING

NAME: INSIGHT INTERNATIONAL TOURS,
INC.

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 19 AM 10:45
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING