

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H30797**

1. Corporation Name

MACK'S TOURS, INC.

Principal Place of Business

4417 MARILYN AVENUE
ORLANDO FL 32812

Mailing Address

4417 MARILYN AVENUE
ORLANDO FL 32812

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1984

5. FEI Number

59-2561510

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GIBSON, MACK	4417 MARILYN AVENUE	ORLANDO FL
VP	GIBSON, MACK	4417 MARILYN AVENUE	ORLANDO FL
TS	MARTIN, KAREN R.	3609 OGLETREE CT.	ORLANDO FL

000024575050

11/10/03--01116--004 **150.00

8. Name and Address of Current Registered Agent

DULIN, RAMSEY W, ESQ.
~~SUITE 1402, S.E. BANK BLDG~~
201 EAST PINE STREET
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

#425 CAPITAL PLAZA

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/03

Date

(407) 277-1135

Daytime Phone #

CR2E040 (7/03)

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

RE: Mack's Tours, Inc.
Document # H30797

Dear Sirs,

I am enclosing this letter with the Application For Reinstatement to inform your office that I did not receive the original report that was due May 1st. Since the original report was not received, I respectfully request that the reinstatement fee of \$600.00 be waived. I have enclosed a check with the report for the \$150.00 fee.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Mack Gibson".

Mack Gibson