

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **J45096**

1. Corporation Name

PHILEO TOURS, INC.

Principal Place of Business

Mailing Address

% ALLAN B. SEABROOKE
5108 15TH ST. E. #205; P.O. BOX 11480
BRADENTON FL 34203-4846% ALLAN B. SEABROOKE
5108 15TH ST. E. #205; P.O. BOX 11480
BRADENTON FL 34203-4846

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2615 27th Avenue Drive West
City & State
Bradenton, FloridaSuite, Apt. #, etc.
2615 27th Avenue Drive West
City & State
Bradenton, FloridaZip
34205-3710Country
USAZip
34205-3710Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1986

5. FEI Number

59-2742561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SEABROOKE, ALLAN B.	2615 27TH AVE., DR., W.	BRADENTON FL
VST	SEABROOKE, JOANNE S.	2615 27TH AVE., DR., W.	BRADENTON FL

600003082156--:
-12/28/99--01060--017
****758.75 ****758.75

8. Name and Address of Current Registered Agent

SEABROOKE, ALLAN B.
5108 15TH ST. E. #204
BRADENTON FL 34203

9. Name and Address of New Registered Agent

Name
(Same) Seabrooke, Allan B.
Street Address (P.O. Box Number is Not Acceptable)
2615 27th Avenue Drive West
Suite, Apt. #, Etc.City
BradentonState | Zip Code
FL | 34205-3710

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.

Signature of
Registered Agent*Allan B. Seabrooke*

Allan B. Seabrooke

REGISTERED AGENT MUST SIGN

Date December 15, 1999

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:

Allan B. Seabrooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan B. Seabrooke

12/15/99

Date

(941) 758-2784

Daytime Phone #

KE