Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
R.C. TRAVEL & TOURS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$3,000.00

FILED

11 MAR 31 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # J96249

1. Corporation Name
R.C. Travel & Tours, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1100 Linton Blvd.		1000 Market Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300	
City & State Delray Beach		City & State Portsmouth	
Zip 33444	Country US	Zip NH	Country 03801

4. Date Incorporated or Qualified To Do Business in Florida 10/08/1987

5. FEI Number 65-0010630 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

REINSTATEMENT

96-11

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

Signature of Registered Agent: Madonna Cuddihy — Special Assistant Secretary — 3-31-2011

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
PD	Michael Walsh	1001 E. Atlantic Ave., Suite 201	Delray Beach, FL 33483
VP	Mark Walsh	1001 E. Atlantic Ave., Suite 201	Delray Beach, FL 33483
S	Richard Critchfield	1001 E. Atlantic Ave., Suite 202	Delray Beach, FL 33483

10. E-mail Address: caren.prall@oceanprop.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 3/31/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Walsh, President

MW