

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M77657

1. Entity Name  
TOURISM ADVISORY GROUP, INC.



FILED  
06 JAN 20 PM 4:47

Principal Place of Business  
1968 WINDSOR DRIVE  
11380 PROSPERITY FARMS ROAD, STE. 215  
NORTH PALM BEACH, FL 33408 US

Mailing Address  
1968 WINDSOR DR  
NORTH PALM BEACH, FL 33408 US

2. Principal Place of Business  
1968 Windsor Dr

3. Mailing Address  
840 US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste 415

01092006 REIN-P CR2E098 (11/05)



City & State  
North Palm Beach, FL

City & State  
North Palm Beach, FL

4. FEI Number  
65-0047011

Applied For  
Not Applicable

Zip  
33408

Country  
us

Zip  
33408

Country  
us

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHURCH, ROBERT  
1970 WINDSOR DRIVE  
SUITE 201  
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name  
Betsy A. Mascaro

Street Address (P.O. Box Number is Not Acceptable)  
840 US Hwy 1, Ste 415

City  
North Palm Beach FL Zip Code  
33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Betsy A. Mascaro

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATES, BRIAN L MR  
1968 WINDSOR DR.  
NO. PALM BEACH, FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATES, GER M MRS  
1968 WINDSOR DR.  
NO. PALM BEACH, FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ROSOW, SUSAN  
6642 WINDING LAKE DR  
JUPITER, FL 33458 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600065111036  
02/03/06--01004--005 \*\*300.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Brian L Wates  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06  
Date

Daytime Phone #