

2006 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # M77657

1. Entity Name
TOURISM ADVISORY GROUP, INC.

FILED
06 JAN 20 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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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
Zip 33408	Zip 33408
Country us	Country us

4. FEI Number 65-0047011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">D</td> <td style="width: 85%;">WATES, BRIAN L MR</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">1968 WINDSOR DR. NO. PALM BEACH, FL 33408</td> </tr> </table>	D	WATES, BRIAN L MR	<input type="checkbox"/> Delete	1968 WINDSOR DR. NO. PALM BEACH, FL 33408		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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	<p style="font-size: 2em; font-weight: bold;">B 1/23/06</p> <p style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT JS DL</p>				
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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 Wates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/13/06 Daytime Phone #