

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 OCT 27 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000096636**

1. Corporation Name

**TOURISMARKETING/INC.**

Principal Place of Business

1465 SOUTH FT. HARRISON AVE.  
101  
CLEARWATER FL 33756

Mailing Address

1465 SOUTH FT. HARRISON AVE.  
101  
CLEARWATER FL 33756

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

2. New Principal Office Address, If Applicable

**3780 TAMPA RD**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**3780 TAMPA RD**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/12/2000**

5. FEI Number

**59-3682349**

Applied For

Not Applicable

City & State

**OLDSMAR FL**

City & State

**OLDSMAR FL**

Zip

**34677**

Country

**PINELLAS**

Zip

**34677**

Country

**PINELLAS**

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
D	BARBER, CHARLES F	1550 SOUTH HIGHLAND AVE	CLEARWATER FL 33756
VP	ROSTKOWSKI, JAN S	<del>100 OAKMONT LANE 3008</del> 1726 Meredith Ln Ro.	BELLEAIR FL 33756

400024169034  
10/27/03--01075--002 \*\*150.00

8. Name and Address of Current Registered Agent

BARBER, CHARLES F  
1550 SOUTH HIGHLAND AVE  
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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**

REGISTERED AGENT MUST SIGN

Date **10/24/2003**

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

**10/24/2003**

Date

Daytime Phone #

**727-  
298-8816**

CH2E040 (7/03)

**TOURISMARKETING/INC.**  
3780 Tampa Road, Oldsmar, FL 34677

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October 21, 2003

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

RE: Tourismarketing/Inc.  
ID #59-3682349

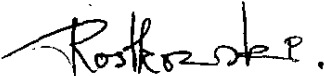
Dear State Representative:

Enclosed please find an Application for Reinstatement for our corporation, along with a check for \$150.00.

We did not receive any Uniform Business Reports for this year so please waive the reinstatement fee.

Thank you for your cooperation.

Sincerely,



Jan Rostkowski  
President