

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000100269**

1. Corporation Name

MANATEE TOURS, INC.

Principal Place of Business

Mailing Address

~~LAUDERDALE BY THE SEA FL 33308~~
LAUDERDALE BY THE SEA FL 33308

~~LAUDERDALE BY THE SEA FL 33308~~
LAUDERDALE BY THE SEA FL 33308

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

2. New Principal Office Address, If Applicable

220 B COMMERCIAL BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

220 B COMMERCIAL BLVD
Suite, Apt. #, etc.

City & State

LAUDERDALE-BY-THE-SEA

Zip

33308

Country

USA

City & State

LAUDERDALE-BY-THE-SEA

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2000

5. FEI Number

65-1076373

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	FISCHER, DAVID C	4300 E. TRADEWINDS AVE. 4300 E. TRADEWINDS AVE.	LAUDERDALE BY THE SEA FL 33308
			200004716882--6 -12/10/01--01089--012 ****750.00 ****750.00

REINSTATEMENT

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8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

DAVID C. FISCHER

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

4300 E. TRADEWINDS AVE.

Suite, Apt. #, Etc.

City

LAUDERDALE-BY-THE-SEA

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date

11/19/01

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:

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/01

Daytime Phone #

954-882-5270

CR26040 (8/01)