

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 27 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100013173601

02/27/03--01083--008 **150.00

DOCUMENT # P00000110770

1. Corporation Name

RECEPTIVE TOURS OF QUEBEC, INC.

Principal Place of Business

2059 S.W. 15TH STREET, #217
DEERFIELD BEACH FL 33442

Mailing Address

2059 S.W. 15TH STREET, #217
DEERFIELD BEACH FL 33442

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2000

5. FEI Number

65-1063278

APPLIED FOR

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
VP	MAVRAIDES, LOLA	2059 SW STREETS 15TH ST #C17	DEERFIELD BEACH FL 33442
PST	LECLERE, MICHEAL	2118 RUE GALE	ST. AUGUSTIN, CANADA G3A 1W7

500011411125
01/30/03--01096--007 **150.00

8. Name and Address of Current Registered Agent

~~WENZEL, KENNETH A~~
~~980 N. FEDERAL HIGHWAY, SUITE 440~~
~~BOCA RATON FL 33432~~

9. Name and Address of New Registered Agent

Name

SEAN JOHNSON

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

9 SW 13TH STREET

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

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

1/21/03

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

Date

01/21-2003 954.764.0404

Daytime Phone #

CR2E040 (8/02)