

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004589

1. Corporation Name

VOYAGER BUSINESS CONCEPTS

2. Principal Office Address

1435 AURORA RD

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

Zip

32935

Country

US

3. Mailing Office Address

1435 AURORA RD

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

Zip

32935

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/02

5. FEI Number

30-6005920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TROY TUTTERROW

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

1435 AURORA ROAD

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/16/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|---------------------|
| PD | TROY TUTTERROW | 1435 AURORA RD | MELBOURNE, FL 32935 |
| | | | |
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10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

321-435-0056

Daytime Phone #

CR2E081 (10/02)

21 10/27

John L. Bradshaw, P.A.
CERTIFIED PUBLIC ACCOUNTANT

Member: A.I.C.P.A.
F.I.C.P.A.

October 16, 2003

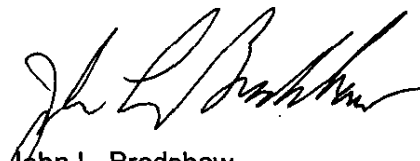
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Document #P02000004589 Voyager Business Concepts, Inc

Dear Sirs:

Enclosed please find a corporation reinstatement and annual fee of \$150.00 for the above referenced company. This is the first year this company was required to file their annual report as it was incorporated January 2002. Due to incorrect addresses, their annual report was apparently never received. Our office recently noticed the State filed dissolution effective September of this year upon a routine Internet check. Please accept this fee and reinstatement, as this company does not wish to dissolve.

Cordially,



John L. Bradshaw
Certified Public Accountant

CC: Troy Tutterrow

Enclosures