


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000013355

1. Corporation Name

TOURNAMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

80910 OVERSEAS HWY.
ISLAMORADA FL 33036

80910 OVERSEAS HWY.
ISLAMORADA FL 33036

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33036

ISLAMORADA, FL

P. O. Box 1063

FILED
04 JAN 14 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03
05-02-03 90744 023 8650.00

4. Date Incorporated or Qualified To Do Business in Florida
02/05/2002

5. FEI Number
75-2988870

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	AMBROGIO, CHARLOTTE	80910 OVERSEAS HWY.	ISLAMORADA FL 33036
VP	BLUMBERG, KALMAN <i>Delete</i>	80910 OVERSEAS HWY.	ISLAMORADA FL 33036

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMBROGIO, CHARLOTTE
80910 OVERSEAS HWY.
ISLAMORADA FL 33036

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

Date

REGISTERED AGENT MUST SIGN

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:

Charlotte Ambrogio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

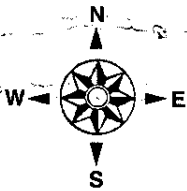
1/8/04

Date

3256642444

Daytime Phone #

CR2E040 (7/03)



Miriam W. Hughes CPA PA

Your guide through the oceans of finance.

Member AICPA, FICPA

January 8, 2004

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

RE: Tournament Consultants Inc.
PO2000013355

Dear Sirs:

Enclosed please find a copy of the Application for Reinstatement that was mailed to the above referenced taxpayer. Also enclosed, please find a copy of a letter received from you dated December 10, 2003, and the letter I mailed to you upon receiving the Application for Reinstatement.

Please be advised that here in the Florida Keys, mail delivery is tenuous at best, and the above referenced taxpayer does not have a mailbox on her property. Therefore, all mail sent to the taxpayer needs to be sent to P.O. Box 1063, Islamorada, FL 33036, as the post office here will not deliver mail to a street address unless there is a mailbox to put it in. The Application for Reinstatement was actually delivered to my mailbox (my office is at MM 81167) in November. The taxpayer never did get the initial correspondence from you. Please note that on the original UBR she had filled in a correct mailing address.

Should you require any further information, or have any questions, please do not hesitate to contact me.

Sincerely,

Miriam W. Hughes
Certified Public Accountant

KEYS
P.O. Box 1154
Islamorada, FL 33036
(305) 664-0130

(305) 664-3298
Fax (305) 785-3094
Email:
cpasailor@aol.com

MAINLAND
P.O. Box 11250
Pompano Beach, FL 33061
(305) 784-4272