

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 17 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031015

1. Corporation Name

SFUN TOURS, INC.

Principal Place of Business

101 BIMINI ST.  
LAKE PLACID FL 33852

Mailing Address

101 BIMINI ST.  
LAKE PLACID FL 33852

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2002

5. FEI Number

01-0659339

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
P	BREWSTER, DAN L	101 BIMINI ST. N.E.	LAKE PLACID FL 33852

300023871473  
10/17/03--01025--009 \*\*400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BREWSTER, DAN L  
101 BIMINI ST. N.E.  
LAKE PLACID FL 33852

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

*Dan L Brewster*  
REGISTERED AGENT MUST SIGN

Date

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:

*Dan L Brewster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 8634657721  
Daytime Phone #

CR2E040 (7/03)



***"ride the real Florida"***

Dear Sirs:

Oct. 15, 2003

I have spoken today with an agent for the Department of State who indicated that if I were to mail a check for \$400, along with the included reinstatement application, that would be combined with the \$150 I mailed in August and bring my account current.

He stated that I was mailed a rejection letter of my request for allowance of late payment. This was my first year of business and I had not received an annual report statement form in the mail and thought that was one of the conditions in which a late payment was allowed.

I hope that this payment and application will put me in good status again.

Dan Brewster, owner

A handwritten signature in black ink, appearing to read "Dan Brewster", with a stylized flourish at the end.