

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 # P02000060559

1. Corporation Name

TOURWISE, INC.

Principal Place of Business

277 ROYAL POINCIANA WAY #132  
PALM BEACH FL 33480

Mailing Address

277 ROYAL POINCIANA WAY #132  
PALM BEACH FL 33480

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

05/31/2002

5. FEI Number

05-0530341

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
D	MARQUES, MICHAEL	277 ROYAL POINCIANA WAY #132	PALM BEACH FL 33480

600025771326  
12/26/03 01036 012 \*\*150.00

8. Name and Address of Current Registered Agent

MARQUES, MICHAEL  
277 ROYAL POINCIANA WAY #132  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

12/15/03

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:

MICHAEL MARQUES 12/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



*TourWise.com*

277 Royal Poinciana Way #132 Palm Beach Florida 33480

Tel: 561-804-9197 Fax: 561-804-9193

12/22/03

To Whom It May Concern:

Please reinstate Tourwise, Inc. to active status.

I would like to note that prior Uniform Business Report notices were not received.

Enclosed please find the \$150 fee to file the report without penalty along with the application for reinstatement.

Sincerely,  
Michael Marques