

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000062691

FILED
Jun 29, 2005
Secretary of State

Entity Name: SCARLET KNOWLES GROUPS & TOURS DIRECTING INC.

Current Principal Place of Business:

715 ROCHESTER ST
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

715 ROCHESTER ST
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 37-1465227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, SCARLET
715 ROCHESTER ST
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCARLET KNOWLES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOWLES, SCARLET
Address: 715 ROCHESTER ST
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: JOHN, KNOWLES
Address: 715 ROCHESTER ST
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCARET KNOWLES

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date