PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM	6463Gs.6		S	ecretary	TMENT OF STATI of State DRPORATIONS	E		.2 (1 (2)		
DOCUMENT # POZOODIO 6848 1. Corporation Name								09 FEB 25 AM II: 07 ALLAHASSEE, FLORIDA			
Tour Sherpa, Inc.								T	_	3-09	
2. Principal Office Address - No P.O. Box # 131 Solano Cay Circle				3. Mailing Office Address 12157 W. Linebaugh Avenue				REINSTATEMENT CR2E081 (12/08)			
Suite, Apt. #, etc.				Suite, Apt. #, etc. 318				4. Date incorporated or Qualified To Do Business in Florida 10/3/2002			
City & State Ponte Vedra Beach, FL				City & State Tampa, FL				To Do Business in Flonda 10/3/2002 5. FEI Number			
^{Zip} 32082	·			^{Zip} 33626		Country Hillsborough		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Name David J. Kaplan Street Address (P.O. Box Number is Not Acceptable) 12157 W. Linebaugh Avenue Suite, Apt. #, Etc. 318 City Tampa Tampa City Tampa Tampa Current Registered Agent State Zip Code 33626							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be walved.				
8. I, being Signature of Registered	ıt	e registered agent	Wb_	e named corpo		familiar with and accept	the ol	oligations of section	on 607.0505 or 617		
9. Names	end Street A	ddresses of Each	Officer and	or Director (Fic	nda nonpn	ofit corporations must lis	at le	ast 3 directors)			
Titles		Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State /				City / State / Zip					
Pres	res Mark Long				131 Solano Cay Circle				Ponte Vedra Beach, FL 32082		
								4 02/2	00144 709 010 3	620024 7-009 **1050.00	
							-				
this rei owed t	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 filling 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 contained in Chapter 119, 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.										
SIGNA		SIGNATURE AND DA	PED OR PR	NTED NAME OF	MARK BIGNING O	LONG-			2/17/2009 Date	202.256.4452 Daytime Phone #	

Tour Sherpa, Inc. 12157 W. Linebaugh Avenue, #318 Tampa, FL 33626 202.256.4452

February 17, 2009

Division of Corporations Attn: Ms. Michelle Milligan Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Corporation: Document Number:

Tour Sherpa, Inc. P02000106848 04-3715321

FEI Number: Date of Incorporation: 10/3/2002

Dear Ms. Milligan:

Thank you very much for your assistance this morning. I am herewith enclosing the following:

1) A check made payable to Florida Department of State in the amount of \$1,050.00.

2) Signed Corporation Reinstatement Form

I am also summarizing below all pertinent information regarding my corporation as requested:

Name of Corporation: Tour Sherpa, Inc.

Shareholders:

Mark Long

Officer(s):

Mark Long (President, Treasurer & Secretary)

No other officers or directors at this time.

My physical address is: 131 Solano Cay Circle, Ponte Vedra Beach, FL 32082 and my mailing address is listed above as my stationery.

Please kindly call me at the above referenced telephone number should you desire additional information in order to update my corporation as being duly authorized and in good standing with the State of Florida.

Lastly, I also wish to certify that neither my resident agent nor I received prior notices as indicated on the Corporation Reinstatement form.

Thank you very much for your assistance.

Sincerely,

Mark Long President

Enclosures