

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000044083</b> 1. Entity Name <b>VOYAGER TOURS, INC</b>			
Principal Place of Business <b>1583 E SILVER STAR RD STE 305 OCOE, FL 34761</b>		Mailing Address <b>1583 E SILVER STAR RD STE 305 OCOE, FL 34761</b>	
2. Principal Place of Business <b>13506 Summerport Village Pkwy 146</b> Suite, Apt. #, etc. <b>146</b>		3. Mailing Address <b>13506 Summerport Village Pkwy 146</b> Suite, Apt. #, etc. <b>146</b>	
City & State <b>WINDERMERE FL</b>		City & State <b>SAME</b>	
Zip <b>34786</b>		Country <b>USA</b>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BERNARD, FRANK 1583 E SILVER STAR RD STE 305 OCOE, FL 34761</b>		7. Name and Address of New Registered Agent Name <b>BERNARD, FRANK</b> Street Address (P.O. Box Number is Not Acceptable) <b>13506 Summerport Village Pkwy</b> <b>Suite 146</b> City <b>WINDERMERE</b> <b>FL</b> Zip Code <b>34786</b>	
8. 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>11-30-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>BERNARD, FRANK</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>
STREET ADDRESS <b>1583 E SILVER STAR RD STE 305</b>	CITY-ST-ZIP <b>OCOE, FL 34761</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>BERNARD, FRANK</b>
CITY-ST-ZIP <b>OCOE, FL 34761</b>	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>13506 Summerport Village Pkwy</b>
CITY-ST-ZIP <b>OCOE, FL 34761</b>	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>
CITY-ST-ZIP <b>OCOE, FL 34761</b>	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>
CITY-ST-ZIP <b>OCOE, FL 34761</b>	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>
CITY-ST-ZIP <b>OCOE, FL 34761</b>	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>
CITY-ST-ZIP <b>OCOE, FL 34761</b>	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINDERMERE FL 34786</b>
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		DATE <b>11-30-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

347-723-5295