----PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State REINSTATEMENT 08 FEB 28 PM 12: 02 DIVISION OF CORPORATIONS DOCUMENT # P04000044083 1. Corporation Name VOYAGER TOURS, INC -000119042990 02/28/08--01032--088 \*\*450.00 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 13506 SUMMERPORT VILLAGE PK 13506 SUMMERPORT VILLAGE PK CR2E081 (12/07) Suite, Apt, #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified 146 To Do Business in Florida 03/10/2004 City & State City & State 5. FEI Number Applied For WINDERMERE, FL WINDERMERE, FL 20-0861764 Not Applicable Zip Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status. 34786 **USA** USA 34786 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in FRANK BERNARD circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 13506 SUMMERPORT VILLAGE PKWY are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement 146 fee be waived. Zip Code WINDERMERE 34786 8. I, being appointed the reagent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Date 02/20/2008 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director FRANK BERNARD WINDERMERE/FL/34786 13506 SUMMERPORT VILLAGE PKM REINSTATEMEN 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 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 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.

FRANK BERNARD

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

02/20/2008

Date

347-723-5295

Daytime Phone #