

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 22 AM 11:42

DOCUMENT # PD4000053192  
1. Corporation Name

DETOUR STUDIOS, INC.

500162039995  
10/22/09--01042--013 \*\*750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
1000 DeTour Road

3. Mailing Office Address  
Post Office Box 3849

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 3/24/2004

City & State  
Haines City, Florida

City & State  
Haines City, Florida

5. FEI Number 200944615  
Applied For  Not Applicable

Zip Country  
33844 POLK

Zip Country  
33844 POLK

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Allan L. Casey, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
395 Avenue C, N.W.  
Suite, Apt. #, Etc.  
City Winter Haven State FL Zip Code 33881

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 waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 10-13-09  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Frank G. Bowen	867 Killearn Boulevard	Winter Haven, FL, 33880

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.

SIGNATURE: [Signature] Date 10-13-09 863 514 6197 Daytime Phone #