

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000007752

**FILED**  
**Jul 18, 2012**  
**Secretary of State**

**Entity Name:** TRI-COUNTY EVERGLADES TOURS INC.

**Current Principal Place of Business:**

1844 SE 7TH ST  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1844 SE 7TH ST  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFANO, ANTHONY J JR  
1844 SE 7TH ST  
POMPANO BEACH, FL 33060 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: LORRAINE ALFANO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: ALFANO, ANTHONY J JR.  
Address: 1844 SE 7TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP,T  
Name: ALFANO, LORRAINE  
Address: 1844 SE 7TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE ALFANO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

07/18/2012

\_\_\_\_\_  
Date