

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000146453

Entity Name: APA VIRTUAL TOURS, INC.

FILED  
Oct 09, 2007  
Secretary of State

## Current Principal Place of Business:

530 NE VAN LOON LANE  
CAPE CORAL, FL 33909

## New Principal Place of Business:

420 GLEASON PKWY  
CAPE CORAL, FL 33914

## Current Mailing Address:

530 NE VAN LOON LANE  
CAPE CORAL, FL 33909

## New Mailing Address:

420 GLEASON PKWY  
CAPE CORAL, FL 33914

FEI Number: 41-2219987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, AUBREY  
530 NE VAN LOON LANE  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

BROWN, AUBREY  
420 GLEASON PKWY  
CAPE CORAL, FL 33914 US

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: AUBREY BROWN

10/09/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROWN, AUBREY  
Address: 530 NE VAN LOON LANE  
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete  
Name: MCFEELY, PAMELA  
Address: 420 GLEASON PKWY  
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Delete  
Name: STUPAY, AMY  
Address: 1404 MIRAMAR STREET, #104  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BROWN, AUBREY  
Address: 420 GLEASON PKWY  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AUBREY BROWN

D

10/09/2007

Electronic Signature of Signing Officer or Director

Date