## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000019318

Entity Name: ST. AUGUSTINE GPS GUIDED TOURS, INC.

FILED Oct 19, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4255 U.S. 1, SUITE 18 1835 U.S. 1 BOX 148 SUITE 119, #148

ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

4255 U.S. 1, SUITE 18 1835 U.S. 1

BOX 148 SUITE 119, #148 ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086

FEI Number: 26-2037863 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SARGEANT, REGINA W ESQUIRE 2820 U.S. 1 SOUTH SUITE F ST AUGUSTINE, FL 32086 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: REGINA SARGEANT

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TABOR, JEFFERY S
 Name:
 TABOR, JEFFERY S

 Address:
 4255 U.S. 1, SUITE 18, BOX 148
 Address:
 6460 PUTNAM STREET

 City-St-Zip:
 ST AUGUSTINE, FL 32086
 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: VPT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MOTLEY, JASON
 Name:

 Address:
 4255 U.S. 1, SUITE 18, BOX 148
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL 32086
 City-St-Zip:

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GAMSEY, STUART
 Name:

 Address:
 15 HOLLY LANE
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 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: JEFFERY S. TABOR PRES 10/19/2009