## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000092123

Entity Name: AMERICA TOURS & COVERAL CONCEPTS INC

FILED Oct 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

31 PITTWICK LANE 2548 CENTER GATE DRIVE

PALM COAST, FL 32164 203

MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

31 PITTWICK LANE 2548 CENTER GATE DRIVE

PALM COAST, FL 32164 2

MIRAMAR, FL 33025

FEI Number: 26-3343757 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:

SOTO, ARLEX SOTO, ARLEX

31 PITTWICK LANE 2548 CENTER GATE DRIVE PALM COAST, FL 32164 US 203

PALM COAST, FL 32164 US 203 MIRAMAR, FL 33025 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: ARLEX SOTO 10/01/2009

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: SOTO, ARLEX Name: SOTO, ARLEX Address: 31 PITTWICK LANE Address: 2548 CENTER GATE DRIVE #203

City-St-Zip: PALM COAST, FL 33164 City-St-Zip: MIRAMAR, FL 33025

Name: SOTO, ARLEX Name: SOTO, ARLEX

Address: 31 PITTWICK LANE Address: 2548 CENTER GATE DRIVE #203

City-St-Zip: PALM COAST,, FL 33164 City-St-Zip: MIRAMAR, FL 33025

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: ARLEX SOTO PRES 10/01/2009