

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000026413

1. Corporation Name

ACV Tours, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

110 East Broward Blvd.

Suite, Apt. #, etc.

Suite 1400

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 1525

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33302

Country

USA

FILED

97 APR -7 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-97

mw8

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/93

5. FEI Number

65-0405497

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Dennis D. Smith	110 SE 6th Street 28th Floor	Fort Lauderdale, Florida 33301
S	Norman D. Tripp	110 SE 6th Street 28th Floor	Fort Lauderdale, Florida 33301
TT	Celeste Allen	110 East Broward Blvd.	Fort Lauderdale, Florida 33301
D	Michael S. Egan	110 SE 6th Street 29th Floor	Fort Lauderdale, Florida 33301
D	Rosalie V. Arthur	110 SE 6th Street 29th Floor	Fort Lauderdale, Florida 33301
D	Roger H. Ballou	110 SE 6th Street 29th Floor	Fort Lauderdale, Florida 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Dennis D. Smith

Street Address (P.O. Box Number is Not Acceptable)

110 SE 6th Street

Suite, Apt. #, Etc.

28th Floor

City

Fort Lauderdale

State

FL

Zip Code

33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dennis D. Smith

REGISTERED AGENT MUST SIGN

Date

4/4/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Dennis D. Smith

/Dennis D. Smith, President

4/4/97

Date

(954) 525-7500

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR