

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005052

1. Corporation Name

STUMPKNOCKER TOURS, INC

W08-15629

2. Principal Office Address - No P.O. Box #

3336 8TH STREET

Suite, Apt. #, etc.

City & State

VERO BEACH

Zip

32968

Country

UNITED STATES

3. Mailing Office Address

PO BOX 6700

Suite, Apt. #, etc.

City & State

VERO BEACH

Zip

32961

Country

UNITED STATES

7. Name and Address of Current Registered Agent

Name

RALPH L. EVANS, ESQ.

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

3355 OCEAN DRIVE

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

Zip Code
32963

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ralph L. Evans

REGISTERED AGENT MUST SIGN

Date MARCH 11, 2008

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STEVE HAYES	3336 8TH STREET	VERO BEACH, FL 32968

10. 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 contained in Chapter 119, 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:

Steve Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

Date

(772) 473-3825

Daytime Phone #

FILED

08 APR 14 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/18/08--01004--004 **150.00

REINSTATEMENT

CR2E081 (12/07)

96-08KS

4. Date incorporated or Qualified
To Do Business in Florida

1/17/1995

5. FEI Number

65-0681811

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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03/25/08--01032--019 **2400.00