

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:34

DOCUMENT # P96000015267

1. Corporation Name

TAYLOR MADE EXCURSIONS, INC.

2. Principal Office Address

6000 PENINSULA AVE #27

Suite, Apt. #, etc.

#27

City & State

Key West FL

Zip

33040

Country

USA

3. Mailing Office Address

PO Box 6556

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33041

Country

USA

REINSTATEMENT 99-50

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/15/96

5. FEI Number

65-0644117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tim Taylor

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

6000 PENINSULA AVE

Suite, Apt. #, Etc.

#27

City

Key West

State

FL

Zip Code

33041

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

[Signature]

Date

4-27-00

REGISTERED AGENT MUST SIGN

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
Pres	Tim Taylor	6000 PENINSULA AVE #27	Key West FL 33040
			700003265547-7 -05/24/00--01061--012 *****8.75 *****8.75

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-00

Daytime Phone #

305-942-3477