

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. M. [unclear]**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 12 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000 30374**

1. Corporation Name

**BYLAND TOUR, INC.**

**W980000224111**

Principal Place of Business

Mailing Address

**2032 CROSSHAIR CIR  
ORLANDO, FLORIDA 32837-7404**

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

**REINSTATEMENT**

**97-98**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3-27-96	
City & State		City & State		5. FEI Number <b>59-3372070</b>	
Zip		Country		59-3372070	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	ANGEL M. JAVIER	2032 CROSSHAIR CIR	ORLANDO, FL. 32837
			9000002689809--9
			-11/17/98--01068--021
			***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>ANGEL M JAVIER 2032 CROSSHAIR CIRCLE ORLANDO, FL. 32837-7404</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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	REGISTERED AGENT MUST SIGN	Date
		9-15-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9-15-98	

CH20040 (1/98)