

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000037928		
1. Entity Name AUDUBON TRAVEL AND TOURS INC		

FILED
05 JUN -9 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 24150 TISEO BLVD UNIT 3 PORT CHARLOTTE, FL 33980 P.O. BOX 511625 PUNTA GORDA, FL 33951		Mailing Address 24150 TISEO BLVD UNIT 3 PORT CHARLOTTE, FL 33980 P.O. BOX 511625 PUNTA GORDA, FL 33951	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05162005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0670784		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HILL, MARIA T 32401 TONOWA DR PUNTA GORDA, FL 33982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

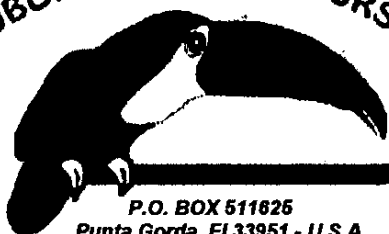
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, MARIA T 32401 TONOWA DR PUNTA GORDA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800056155158 06/14/05--01051--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIDALGO, BLAS E 19360 VILLANOVA ST. PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G COCALIDDES, ANA M 3052 COLLINGSWOOD BLVD PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G HIDALGO LISA 19360 VILLANOVA ST PORT CHARLOTTE, FL 33954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria T Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

AUDUBON TRAVEL & TOURS, INC.



P.O. BOX 511625
Punta Gorda, FL 33951 - U.S.A.
e-mail: quiros@audubontravel.com
Phone: (941) 766-7447 - Fax (941) 639-1047

May 05, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Sr.

Enclosed you will find the **REINSTATEMENT FORM** for **AUDUBON TRAVEL & TOURS, INC.**, document number: **P96000037928**, and also you will find the respective fee with *Audubon Travel & Tours, Inc.* check number 3260 for the amount of **THREE HUNDRED AND 00/100 DOLLARS (\$300.00)**

Two years ago, I relocated my business office to my residence, and I send a notice to you about my new address. During 2004 and 2005 I did not received any notice card from you for this corporation, I called yesterday to your office and I talked to RUBY and I inform her about my problem with the corporation that actually please I need reinstatement.

Please, notice that my new address is:

32401 Tonowa Drive
Punta Gorda, FL 33982

Please notice the US Post Office do not deliver mail to this address.

In the future, please mail any correspondence to:

AUDUBON TRAVEL & TOURS, INC.

P.O.BOX 511625

Punta Gorda, FL 33951

PHONE: (941) 766-7447

FAX NUMBER: (941) 639-1047

Anything you can do I will appreciate that. If you have any question regarding, please feel free to contact us to the phone number (941) 766-7447 or fax to the fax number (941) 639-1047

Sincerely,

A handwritten signature in cursive script, appearing to read "Maria T. Hill".

Maria T. Hill

President

Audubon Travel & Tours, Inc.