

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059564

1. Corporation Name

T.P.S. TOURS, INC.

2. Principal Office Address

13771 S.W. 24TH STREET

3. Mailing Office Address

13771 S.W. 24TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33325

Country

Zip

33325

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1996

5. FEI Number

65-0684096

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

SCHULZ, CARLOS

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

13771 S.W. 24TH STREET

Suite, Apt. #, Etc.

City

DAVIE

State  
FL

Zip Code  
33325

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

REGISTERED AGENT MUST SIGN

Date 10-11-04

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
P/D/V	SCHULZ, CARLOS	13771 S.W. 24TH STREET	DAVIE FL 33325
T/S	SCHULZ, CARLOS	13771 S.W. 24TH STREET	DAVIE FL 33325
			100041953831 10/19/04--01102--014 **1050.00
			STATEMENT 02-04

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:

Carlos Schulz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-04

Date

Daytime Phone #

CR2081 (01/04)