

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 29 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000079446**

1. Corporation Name

TOUR PAK, INC.

Principal Place of Business

3201 FOREST BLVD
JACKSONVILLE FL 32246

Mailing Address

3201 FOREST BLVD
JACKSONVILLE FL 32246



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1996

5. FEI Number

59-3405194

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PIKE, TIMOTHY S	2813 LANTANA LAKES DR.E.	JACKSONVILLE FL 32246

800824101598
10/27/03--01016--011 **300.00

8. Name and Address of Current Registered Agent

PIKE, TIMOTHY S
2813 LANTANA LAKES DR. E.
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-17-03

11. 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

Daytime Phone #

10-17-03 800-237-7910

CR2E040 (7/03)

282

Tour Pak, Inc.
3201 Forest Blvd
Jacksonville, Florida 32246

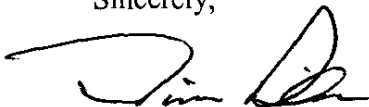
October 17, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Please accept the enclosed Notice of Administrative Dissolution or Revocation for Tour Pak, Inc., document # P96000079446 and a check for \$300.00. Tour Pak, Inc. did not receive the 2002 & 2003 Uniform Business Report and was unaware that the 2002 & 2003 Uniform Business Report was not filed. Thank you for your assistance.

If you have any questions please call me at (904) 645-6237.

Sincerely,



Tim Pike, President
