

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA7000037966

1. Corporation Name

TourLink, INC

W00-934

Principal Place of Business

Mailing Address

32581 US 19 N
Palm Harbor, FL 34684

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

54-3442421

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Mitchell Stone	32581 US 19 N	Palm Harbor, FL 34684
S	Lillian Stone	32581 US 19 N	Palm Harbor, FL 34684
VP	Mark Stone	32581 US 19 N	Palm Harbor, FL 34684
<div style="display: flex; justify-content: space-between;"> <div> <p>900003181219--2</p> <p>-03/23/00--01019--014</p> <p>****150.00 ****150.00</p> </div> <div> <p>REINSTATEMENT</p> <p>98-00</p> <p>TS</p> </div> <div> <p>900003181219--2</p> <p>-03/23/00--01019--013</p> <p>****900.00 ****900.00</p> </div> </div>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Mitchell Stone

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

32581 US 19 N

Suite, Apt. #, Etc.

City

Palm Harbor, FL

State

FL

Zip Code

34684

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

[Signature]

Date

1/28/00

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Stone

Date

1/4/00

Daytime Phone #

772-1961

CF2E08 (12/99)