

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037966

1. Corporation Name

TourLink Inc.

2. Principal Office Address

32581 U.S. Hwy. 19 North

Suite, Apt. #, etc.

3. Mailing Office Address

32581 U.S. Hwy. 19 North

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip Country

34684 U.S.A

City & State

Palm Harbor, FL

Zip Country

34684 U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/1997

5. FEI Number

593442424

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

MITCHELL STONE

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

32581 U.S. Hwy. 19 North

Suite, Apt. #, Etc.

City

Palm Harbor

State  
FL

Zip Code

34684

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

04/12/02

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	Mitchell Stone	32581 U.S. Hwy 19 N	Tampa, FL 34684
S	LILIAN STONE	32581 U.S. Hwy 19 N	Tampa, FL 34684
VP	Mark Stone	32581 U.S. Hwy 19 N	Tampa, FL 34684

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Stone

Date

04/12/02

Daytime Phone #

(727) 772-1961

Department Of State  
Division OF Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is sent to you to state that previews corporation reinstatement forms for TourLink Inc., Document # P97000037966, were not received for 2001. Therefore at this point a check for \$300.00 is included with this letter, and at the same time the statement should waive the \$900.00 fee. This fee should cover both the Corporation Reinstatement Fees for 2001 and 2002. Thank you for you assistance on this crucial matter.

Sincerely;

A handwritten signature in black ink, appearing to read 'M. Stone', with a long horizontal flourish extending to the right.

Mitchell Stone  
President  
TourLink Inc.