PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 9400

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

APPROVED AND FILED
00 FEB -7 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056946

1. Corporation Name
PROFESSIONALLY YOURS, TOURS INC

2. Principal Office Address	3. Mailing Office Address
9123 BACK BEACH RD	SAME
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State PANAMA City BEACH	City & State FLORIDA
Zip 32407 Country BAY	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: STARTED 1989 INC. IN 1997

5. FEI Number: 59-3468349 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Gerald A. Aulis
Street Address (P.O. Box Number is Not Acceptable): 16209 E. Lullwater Drive
Suite, Apt. #, Etc.:
City: Panama City Beach State: FL Zip Code: 32407

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: X [signature] Date: Feb 1, 00
REGISTERED AGENT MUST SIGN

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
Pres	FAITH AULIS	16209 E. LULLWATER DR	PANAMA City BCH, F 324[illegible]
Sec/Treas	DEBBIE MAXWELL	" " "	" " " "
COB	GERALD AULIS	16209 E. Lullwater Dr	PCB, FL 32407

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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: X [signature] Date: 2/1/00 Daytime Phone #: 850 234 3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Professionally Yours,
"Tours Designed With Seniors in Mind"

Professionally Yours Tours
9123 Back Beach Road
Panama City Beach
Fl. 32407

February 1st 2000

To Whom it May Concern
Florida Department of State

We did not receive any paperwork at all for 1999 with regards to renewing our corporation with you.

Enclosed please find 2 years fees for 1999 & 2000, as requested on the telephone.

Please note that I now know I need to watch for this item each year in the future, and will correspond if for any reason there is a problem.

I appreciate your help.

Gerald A. Aulis
Professionally Yours Tours

This portion can be removed for Recipient's records.

2/4/00 FedEx Tracking Number 815441340578

r's Jeffrey Ferris Phone 850 236-2333

Company POSTTEL

ddress 6614 W HIGHWAY 98 Dept./Floor/Suite/Room

PANAMA CITY BEACH State FL ZIP 32407

Internal Billing Reference 1400