

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000105339

1. Corporation Name

ULTIMATE TOUR GUIDES, INC.

2. Principal Office Address

9360 NW 46th Street

3. Mailing Office Address

8211 W. Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#410

City & State

Sunrise, FL 33351

City & State

Plantation, FL 33324

Zip

33351

Country

Zip

33324

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/97

5. FEI Number

65-0800093

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Frank Gutta CPA

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

8211 W. Broward Blvd.

Suite, Apt. #, Etc.

410

City

Plantation,

State
FL

Zip Code

33324

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

12/15/97

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
D	Joseph W Parillo	1900 S. Ocean Blvd. #14J	Pompano Beach, FL 33062

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

Date

Daytime Phone #

KE

CR2E081 (9/99)