

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB 15 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000005749

1. Corporation Name

Celtic Dream Tours, Inc.

W08-6508

2. Principal Office Address, No. P.O. Box #  
4062 Henderson Blvd.  
2616 S. MacDill Avenue

Suite, Apt. #, etc.

Suite 100 Suite 100

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address  
4062 Henderson Blvd.  
2616 S. MacDill Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, FL

Zip

33629

Country

USA

500117248585  
02/06/08--01014--012 \*\*1058.75

REINSTATEMENT 05-08

4. Date incorporated or Qualified  
To Do Business in Florida 01/15/1999

5. FEI Number  
59-3582361

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75

7. Name and Address of Current Registered Agent

Name

KEVIN A. CAMERON  
CCL Value Advisors LLC

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

4805 W Laurel St.

Suite, Apt. #, Etc.

Suite 100

City

Tampa FL 33607

State

FL

Zip Code

33607

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kevin A. Cameron

REGISTERED AGENT MUST SIGN

Date 1/30/08

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	Fiona Prosser	824 Lumsden Reserve Drive	Brandon, FL 33511

500117248585  
02/15/08--01023--004 \*\*150.00

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 contained in Chapter 119, 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:

Fiona Prosser  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08 813-317-6039  
Date Daytime Phone #