

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 29 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

REINSTATEMENT 02-05

[Handwritten "NUP"]

DOCUMENT #

1. Corporation Name

ON TOUR PRESENTS, INC.
DOCUMENT #P99000064082

2. Principal Office Address

321 N.E. IVANHOE
BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

321 N.E. IVANHOE
BLVD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32804

Country

U.S.A.

Zip

32804

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/07/1999

5. FEI Number

59-3588970

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

LESLI W. RIGGAN

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

321 N.E. IVANHOE BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

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

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
PD	LESLI RIGGAN	321 N.E. IVANHOE BLVD.	ORLANDO, FL 32804

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)(l), 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 #

[Handwritten signature: Leslie Riggan]

6/18/05

CR2E081 (01/05)

2052



Geller, Ragans, James, Oppenheimer & Creel

A Partnership Including Professional Associations
CERTIFIED PUBLIC ACCOUNTANTS
June 15, 2005

MEMBERS

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatement Section

Re: On Tour Presents, Inc.
FEIN: 59-3588970
Tax Period: 12/31/02 – 12/31/05
Form: Corporation Reinstatement

Gentlemen:

Your records indicate that the company named above was dissolved October 4, 2002. This is due to the fact that the corporation never received notices requesting payment due for the years 2002 and 2005. The address that is on file at www.sunbiz.org is 908 E. Washington Street, Orlando, FL 32801. However, the corporation relocated in 2001 to 321 N.E. Ivanhoe Blvd, Orlando, FL 32804.

We respectfully request you update your records to correct this discrepancy and waive the \$600.00 late filing fee. We are enclosing a check for \$600 in payment of 4 years annual fees.

Should you require any additional information, please do not hesitate to contact us.

Sincerely,

GELLER, RAGANS, JAMES,
OPPENHEIMER & CREEL

Stanley E. Creel, CPA

SEC/eg

Enclosures

cc: Lesli W. Riggan