

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PREMIER SPORTS TOURS, INC.

P990000100875

2. Principal Office Address

13978 W. Hillsborough Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33635

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/99

5. FEI Number

59-3609108

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

CHERYL FRYMYER

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

13978 W. Hillsborough Ave.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33635

800003827843--9

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****388.88 ****900.00

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

Cheryl Frymyer

REGISTERED AGENT MUST SIGN

Date 2/28/01

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	Tom Hastings	13978 W. Hillsborough Ave.	Tampa, Florida 33635
Sec	Cheryl Frymyer	13978 W. Hillsborough Ave.	Tampa, Florida 33635

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

Tom Hastings

Date

02/28/01

Daytime Phone #

813/854-1872