

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S75079**

1. Corporation Name

THE AMERICAN SCENES INC.

Principal Place of Business

2280 HARRIS AVE N E
#11
PALM BAY FL 32905
US

Mailing Address

P.O. BOX 061297
PALM BAY FL 32906-1297
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1991

5. FEI Number

58-3064525

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HARVELL MICHAEL W.	3105 BRANDYWINE LN	MELBOURNE FL
VP	LECATES, BETTY L.	1804 SAGO PALM ST NE	PLAM BAY FL

900023914819
10/17/03--01089--009 **150.00

8. Name and Address of Current Registered Agent

HARVELL, MICHAEL
3105 BRANDYWINE LN
MELBOURNE FL 32904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael W. Harvell
REGISTERED AGENT MUST SIGN

Date

10-14-03

11. 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:

Michael W. Harvell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

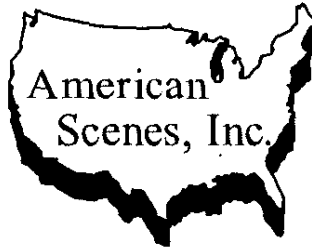
10-14-03 321-7246641

CR2ED40 (7/03)

Tours – Cruises - Travel

P.O. Box 061297
Palm Bay, FL 32906-1297

Office 321-724-6671



Charter Services

2280 Harris Ave N.E. Suite #5
Palm Bay, FL 32905

Fax 321-724-0017

KNOWN FOR QUALITY IN TOURS & CRUISES

October 14, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


RE: American Scenes Inc.
EIN #583064525

To Whom It May Concern:

We are travel agents and travel frequently. Our business has been suffering since 9/11. We had to lay off our bookkeeper in March 2003. We did not know what the 2003 Uniform Business Report was and was unaware that I needed to file it by May 1, 2003 or pay a penalty. Our bookkeeper usually kept up with all of that. We never saw this form or would have questioned our accountant on what it was. We didn't even get a late notice that our corporation would be dissolved if we did not send in \$700.00. We are just now getting the business back to where we don't think we will have to shut down and a \$550.00 penalty would be detrimental at this time.

Please abate the penalty. We have enclosed the signed 2003 For Profit Corporation Uniform Business Report (UBR) and a check for \$150.00. Thank you for your consideration of our request.

Sincerely,


Michael W. Harvell & Betty Le Cates
President & (Vice) President
American Scenes Inc.