

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54861

1. Corporation Name

FAIRWINDS TRAVEL AND TOURS, INC.

Principal Place of Business

Mailing Address

820 S. US 1
VERO BEACH FL 32962

~~820 S. US 1~~
~~VERO BEACH FL 32962~~
2032 58th Ave
Vero Beach, FL 32966

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

2. New Principal Office Address, If Applicable
2032 58th Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
2032 58th Ave
Suite, Apt. #, etc.

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1992

5. FEI Number

65-0351407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

City & State

Vero Beach Fla
Zip 32966 Country USA

Vero Beach Fla
Zip 32966 Country USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GADDY, ROBERT L	3150 N. A-1A PH. 32 5202 Feather Creek Pkwy.	N. HUTCHINSON ISLAND FL 34940 Ft. Pierce, FL 34951
VP VP	GADDY, KEVIN A GA	205 OLD DIXIE HWY.	VERO BCH FL 32962
VP	GADDY, Robert S.	5301 Suson hane	Ft Pierce Fla 34951
C	Gaddy, Michele h.	5301 Suson hane	Ft Pierce Fla 34951
			500003514965--2 12/27/00--01082--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GADDY, ROBERT L
3150 N. A-1A, PH. 32
N. HUTCHINSON ISLAND FL 34940
5202 Feather creek Pkwy.
Ft. Pierce, FL 34951

Name Robert S. Gaddy
Street Address (P.O. Box Number is Not Acceptable)
5301 Suson hane
Suite, Apt. #, Etc.
City Ft Pierce
State FL Zip Code 34951

LS

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-14-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Shawn Gaddy

Date 10-14-00 Daytime Phone # 561-561-9491