

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 AM 9 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Fairwinds Travel & Tours Inc.
V54861

500031681715
04/01/04--01025--012 **500.00

500031681715
04/01/04--01025--011 **500.00

2. Principal Office Address

820 S. US1

3. Mailing Office Address

820 S. US1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Bch, FL

City & State

Vero Bch, FL

Zip

32962

Country

USA

Zip

32962

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Kevin Alan Gaddy

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

295 Old Dixie Hwy

Suite, Apt. #, Etc.

City

Vero Bch

State

FL

Zip Code

32962

500031681715
04/01/04--01025--012 **500.75

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

Ken Gaddy

Date

3/30/04

REGISTERED AGENT MUST SIGN

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
P.R.T.	Kevin Gaddy	295 Old Dixie Hwy	Vero Bch, FL 32962

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:

Ken Gaddy Kevin Gaddy

Date

3/30/04 772-562-5300

Daytime Phone #

CR2E001 (01/04)