

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 11 PM 1:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000004594**

1. Corporation Name

WHITE HERON TRAVEL SERVICE, INC.

Principal Place of Business

Mailing Address

TWO ENERGY SQUARE
 4849 GREENVILLE AVE., STE. 173
 DALLAS TX 75206

TWO ENERGY SQUARE
 4849 GREENVILLE AVE., STE. 173
 DALLAS TX 75206

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



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-1217336

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	LEE, WILLIAM I	4849 GREENVILLE AVE, TWO ENERGY	DALLAS TX 75206
G	LIGUORI, ROBERT	6688 N CENTRAL EXPWY-STE 1150	DALLAS TX 75206
DP	WASIK, GREGORY S	4849 GREENVILLE AVE, TWO ENERGY	DALLAS TX 75206
S	EUBANKS, JOE	4849 GREENVILLE AVE, TWO ENERGY	DALLAS TX 75206
S	Jenni CARBILLO		

500002716455-2
 -12/18/98--01090--002
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASIK, GREGORY S
 2216 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306-1184

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.

Signature of Registered Agent

[Signature] **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date

11/15/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/98

Daytime Phone #

214-692-0446

CR2E040 (9/98)