

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

97 SEP -2 PM 3:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L76983

1. Corporation Name

ABC PARK AND FLY, INC.

W9718228

Principal Place of Business

Mailing Address

C/O JOSE MACARIO ESTRADA
 5200 S.W. 8 ST., SUITE B
 CORAL GABLES, FL. 33134-2300

SAME

600002285086--5
 -09/04/97--01090--017
 ****915.00 ****915.00

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6/1/80 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | N/A | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| | | | | Applied For | |
| | | | | Not Applicable | |

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 |
|------------|-------------------------------------|---|------------------------------|
| D/P | RAUL PALACIOS-ROMAN | C/O 5200 S.W. 8 ST., SUITE B | CORAL GALBES, FL. 33134-2300 |
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| | | | |

REINSTATEMENT *96-97*

SC 9-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|---|--|--|-------------|
| RAUL PALACIOS-ROMAN 11415 N.W. 7 ST., APT. 105 MIAMI, FL. 33172 | | Name JOSE MACARIO ESTRADA | |
| | | Street Address (P.O. Box Number is Not Acceptable) 5200 S.W. 8 ST., | |
| | | Suite, Apt. #, Etc. SUITE B | |
| | | City CORAL GABLES, | State FL |
| | | Zip Code 33134-2300 | |

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

REGISTERED AGENT MUST SIGN

Date JULY 28, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL PALACIOS-ROMAN, DIRECTOR-PRESIDENT

7/28/97

Date

(305) 443-4436

Daytime Phone #

CR2E040 (12/96)