

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P93000074996 **FILED**

1. Corporation Name
MELIA TRAVEL (FLORIDA), INC.

Principal Place of Business
 2000 UNIVERSAL STUDIOS
 SUITE 009
 ORLANDO FL 32819

Mailing Address
 ALMHAMBRA CIR
 SUITE 404
 CORAL GABLES FL 33134
 US

98 MAY -1 PM 1:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

700002511587--7
 -05/05/98--01002--028

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

2. New Principal Office Address, If Applicable
 5040 N.W. 7th St.
 Suite, Apt. #, etc.
 Suite 201
 City & State
 Miami, Fl.
 Zip
 33126
 Country
 Miami-Dade

3. New Mailing Office Address, If Applicable
 5040 N.W. 7th St.
 Suite, Apt. #, etc.
 Suite 201
 City & State
 Miami, Fl.
 Zip
 33126
 Country
 Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida
 10/28/1993

5. FEI Number
 59-3210228
 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)

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
PO	ADRIAN GILBERT T	200 ALHAMBRA CIR SUITE 404	CORAL GABLES FL
P/T/D	Jesus Fernandez Chinaea	5040 N.W. 7 St. #201	Miami, Fl. 33126
VSD	DAGO, RENE	325 ALHAMBRA CIRCLE	CORAL GABLES FL
V/S/D	Angel Ramon Valerio Segovia	5040 N.W. 7 St. #201	Miami, Fl. 33126
VAS	ARELLANO, RICHARDO	200 ALHAMBRA CIR SUITE 404	CORAL GABLES FL
TASD	VALENTE, JUAN M	200 ALHAMBRA CIR SUITE 404	CORAL GABLES FL
ATAS	FERRER, CAMELO	200 ALHAMBRA CIR SUITE 404	CORAL GABLES FL
D	FERNANDEZ, FRANCISCO J	151 MAJORCA AVE	CORAL GABLES FL

8. Name and Address of Current Registered Agent
DAGO, RENE
 325 ALHAMBRA CIRCLE
 SUITE 009
 CORAL GABLES FL 33134

Name and Address of New Registered Agent
C T CORPORATION SYSTEM
 Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Rd.
 Suite, Apt. #, Etc.
 Suite 250
 City
 Plantation
 State
 FL
 Zip Code
 33324

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 *Vicky Goldstein*
VICKY GOLDSTEIN
 SPECIAL ASSISTANT SECRETARY
 HE REGISTERED AGENT MUST SIGN Date **4-16-98**

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: *Jesus Chinaea*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JESUS CHINEA FERNANDEZ 4/28/98 444-0800
 Date Daytime Phone #

CR20040 (8/97)