

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

1996 NOV -8 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT

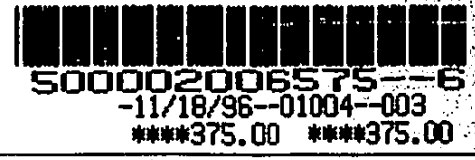


FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 290243

1. Corporation Name  
BRADENTON TRAVEL SERVICE, INC.

Principal Place of Business Mailing Address  
540 12TH STREET WEST 540 12TH STREET WEST  
P.O. DRAWER 1000 P.O. DRAWER 1000  
BRADENTON FL 34205-7411 BRADENTON FL 34205-7411



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

2. New Principal Office Address, If Applicable 548 12th St. W.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/25/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1007688	
City & State BRADENTON FL		City & State		Applied For Not Applicable	
Zip 34205	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>X</del>	<del>PLUM, GARY W</del>	<del>1509 4TH ST. WEST</del>	<del>PALMETTO FL</del>
D	CARLSON, LINDA	4334 15TH WAY	PALMETTO FL
XP	CABANILLAS, DENISE	4334 15TH WAY	PALMETTO FL
X	<del>PLUM, MICHELLE A</del>	<del>1509 4TH ST. WEST</del>	<del>PALMETTO FL</del>

REINSTATEMENT *denise*

8. Name and Address of Current Registered Agent <del>PLUM, GARY W 1509 4TH ST WEST PALMETTO FL 33681</del>		9. Name and Address of New Registered Agent Name DENISE CABANILLAS Street Address (P.O. Box Number is Not Acceptable) 548 12th St. W Suits, Apt. #, Etc. City BRADENTON State FL Zip Code 34201	
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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 *Denise Cabanillas* REGISTERED AGENT MUST SIGN Date 10/7/96

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: *Denise Cabanillas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENISE CABANILLAS, PRESIDENT  
Date 10/7/96 Daytime Phone (941) 748-0065

CREATING (7/96)