•	PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.
APF	PLICATION OF THE PORTION OF THE PORT	FLORIDA PARTA	S STATE	D The state of the
DOCUMENT # 372742 1. Corporation Name Convention Resources Directory Corporation				FILED 99 FEB 25 PH 3: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
5979 #120 Miami US	age of Business NW 151 St. L Lakes, FL 33014 ddresses are incorrect in any way, line thro	Mailing Address 5979 NW 151 St. #120 Miami Lakes, FL US	33014	TALCATIASSEC, I COMOA
New Principal Office Address, If Applicable New Mailing Office A				4. Date Incorporated or Qualified To Do Business in Florida
		Suite, Apt #, etc City & State		11/16/1970 5. FEI Number 59–1368142 Applied For
Zip	Country	Zip Countr	γ · · · · · · · · · · · · · · · · · · ·	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requir
7. Names a	and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpora	ations must list at lea	Tor a Certificate of Status
Title(s)	Name of Officers and/or Directors 2	Of	reet Address of Each ficer and/or Director se Post Office Box N	r City / State / Zip
Dir. Pres.	Herman, Hal		151 St #120	
SD	Herman, Laurel	5979 พพ	151 St #120	0 Miami Lakes, FL 33014
v	Ellis, Geraldine	5979 NW	151 St #120	O Miami Lakes, FL 33014
D	Herman, Gary	5979 NW	151 St #120	0 Miami Lakes, FL 33014 200002793002-1 -03/03/99-01034-000 ****300.00 ****30000
	8. Name and Address of Current I	Registered Agent	Name	9. Name and Address of New Registered Agent
Herman, Hal 5979 NW 151 St. #120 Miami Lakes, FL 33014				P.O. Box Number is Not Acceptable) State 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 Date Delta				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No 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.				
SIGNAT	TURE: Suralding SIGNATURE AND TYPED OR PAIN Geraldine	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	2-23-99 305-828-0123 Daytime Phone #

WORTH INTERNATIONAL COMMUNICATIONS CORP. 5979 NW 151ST Street, Suite 120 Miami Lakes, Florida 33014 (305) 828-0123

February 2, 1999

Secretary of State Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: Recommend Travel Publications, Inc. 59-1162158

Gentlemen,

Please be advised that in 1998, the wife of the President, and the mother of the Vice President of the above named corporation had an untimely death, creating a void in our attention to bookkeeping. As a result, we did not file the above 1998 Corporate Annual Report on time. Being a family owned and operated business for 30 years, this is the first time we have not filed on a timely basis.

Due to the mitigating circumstances, the untimely death of our Vice President, Director and Family Shareholder, we are requesting that you wave the late charges.

The annual report for reinstatement is enclosed with a check for \$300.00. Should you need any further documentation, we will be pleased to comply with your request.

Your understanding and compassion in this time of mourning is humbly appreciated.

Sincerely Yours,

Geraldine Ellis

Vice President of Finance

Enclosure: Check

Annual Report