## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI				Secretar	TMENT OF y of State corporation				03 NCT 20	LED PM 2: 1	42
DOCUMENT # F93000005330  1. Corporation Name								TÄLLAHASSEE, FLORIDA				
USA CONSOLIDATED TRAVEL GROUP, INC.											·	
<b>2.</b> Principa 5080		VS PKW		3. Mailing Office Address 5080 R. J. MATHEWS PKWY				4/03-	)2523! -010340	22 **60	18.75	
Suite, Apt. #, etc. Suite, A					#, etc.			Date Incorporated or Qualified     To Do Business in Florida     11/23/1993				
City & State EL DORADO HILLS, CA				1 '	City & State EL DORADO HILLS, CA			5. FEI Number Applied F			plied For	
zip 95762	762-5702 Country USA			zip 95762-	z <sub>ip</sub> 95762-5702			6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional for a Certificate			Fee required	
				7.	Name and	Address of Cur	rent Registen	ed Agent				
	Street Address (P.O. Box Number is Not Acceptable)  1201 HAYS STREET  Suite, Apt. 2 Etc.  City TALLAHASSEE  State Zip Code FL 32301											
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  as its agent												
9. Names	and Street Ad			and/or Director (F	Torida nonpri	· · · · · · · · · · · · · · · · · · ·						
Titles			Name of and/or Direct	tors	Street Address of Each Officer and/or Director				City / State / Zip			
PR/D	JOHN DUBY				5080 ROBERT J. MATHEWS			VS PKWY	KWY EL DORADO HILLS, CA 95762			
VP/D	LEONARD WONG				5080 ROBERT J. MATHEWS PKW			/S PKWY	EL DORADO HILLS, CA 95762			
SEC/D	BRUCE BITNOFF				5080 ROBERT J. MATHEWS PKW			S PKWY	EL DORADO HILLS, CA 95762			
AST TR	ROBERT VOELZ				5080 ROBERT J. MATHEWS PK			S PKWY	EL DORADO HILLS, CA 95762			
		<u> </u>	······		<u> </u>							
10. 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.  BRUCE BITNOFF 10/09/2003 916-939-6805												
SIGNATURE: TWO JY DRUCE BITNOFF 10/09/2003 910-939-0003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #												



5080 Robert J. Mathews Parkway, El Dorado Hills, CA 95762

October 15, 2003

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Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

We are a foreign profit corporation. An audit of our records has uncovered the fact that we were "revoked for annual report" on September 22, 2000.

Our mailing address listed on your Corporations Online Public Inquiry website is obsolete and, therefore, our annual report form for the year 2000 was most likely returned to your office, the annual report was not filed, and we were revoked.

With the assistance and direction of Leslie Sellers in your office, we hereby submit our Corporation Reinstatement form. Respectfully, we request waiver of the reinstatement fee.

In addition, we are enclosing our UBR form and our check in the amount of \$608.75, which is the amount of the UBR fees for the delinquent years 2000, 2001, 2002 and 2003, at \$150.00 per year, and \$8.75 additional fee required in order to receive a Certificate of Status.

If you need further information, please call me at 916-939-6805, extension 117,

Hoveland

Sincerely,

Lorna J. Hovland
Administrative Assistant