

ACCOUNT NO.

072100000032

REFERENCE

457329

4144A

AUTHORIZATION

COST LIMIT \$ 70.00

ORDER TIME :

12:21 PM

ORDER DATE: November 3, 1999

600003034046--

ORDER NO. : 457329-020

CUSTOMER NO:

4144A

CUSTOMER: Rosa Maria Ancheta, Legal Asst

Holland & Knight

Suite 3000

701 Brickell Avenue Miami, FL 33131

FOREIGN FILINGS

NAME:

BESTOUR, INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THIS STATE OF FLORIDA:

1.	. Bestour, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATIOn abbreviations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)	N", or words or a natural person
2.	. New Jersey 3. (State or country under the law of which it is incorporated) (FEI number	, if applicable)
4.	. August 24, 1989  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist of	or "perpetuai")
6.	Upon Oualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))	<del>,</del>
7.	· 80 S.W. 8th Street, Suite 2601, Miami, Florida 33130	_
	(Current mailing address)	<u> </u>
8.	Tour Operator     (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	corporated)  3. (FEI number, if applicable)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  sections 607.1501, 607.1502, and 817.155, F.S.))  iami, Florida 33130  ess)  state or country to be carried out in the state of ered agent:  ce Company  Florida, 32301 (Zip Code)  coept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity. I statutes relative to the proper and complete performance of my duties, if my position as registered agent.  Company  W. Jkuppur
9.	. Name and street address of Florida registered agent:	•
	Name: Corporation Service Company	<u> </u>
	Office Address: 1201 Hays Street	
	Tallahassee . Florida 32301	
Ha de fu	O. Registered agent acceptance:  laving been named as registered agent and to accept service of process for the above stated corporates in this application. I hereby accept the appointment as registered agent and agree to accept the agree to comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent.  Corporation Service Company  (Registered agent's signature) (Officer)  Deborah D. Skippel	t in this capacity. I

(Type Name and Title of Officer)

(FL - 2189 - 11/16/94)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

Α.	DIRECTORS	99 101 -3
	Chairman: See attached list of directors	夏节
	Address:	. P
	Vice Chairman: <u>see attached list of directors</u>	_
	Address:	
	Director: See attached list of directors	
	Address:	
	Director:	
	Address:	
B.	OFFICERS	
	President: See attached list of officers	,
	Address:	
	Vice President:	
	Address:	
	Secretary:	
	Address:	

-			<del>.</del>			
,						
, •	Treasurer:					
	Address:					-
	•					
NOTE: I	f necessary, you ma	y attach an adde	ndum to the a	pplication I	isting additio	Pal officers
and/or dir	ectors.	0				<b>5 3 3 3 3 3 3 3 3 3 3</b>
13	My 1 Nup	lew				6 9 9 E
(Signa application	ture of Chairman, Vin)	ce Chairman, or	any officer list	ed in numb	er 12 of the	3. On
14. Barry	S. Kaplan. Vice P	resident				5 E
(Турес	d or printed name an	d capacity of per	son signing ap	plication)		

## RIDER

## OFFICERS/DIRECTORS OF BESTOUR, INC.

Director and President:

Phil Bakes

80 S.W. 8th Street, Suite 2601

Miami, Florida 33130

Director, Exec. Vice President,

Secretary and Treasurer:

Andrew C. McKey

80 S.W. 8th Street, Suite 2601

Miami, Florida 33130

Director, Exec. Vice President and

Assistant Secretary:

Barry S. Kaplan

80 S.W. 8th Street, Suite 2601

Miami, Florida 33130

Chief Financial Officer:

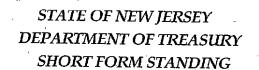
Rob Erickson

80 S.W. 8th Street, Suite 2601

Miami, Florida 33130

MIA1 #878515 v1

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BESTOUR, INC.

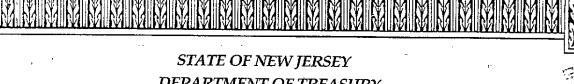
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on August 24, 1989.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Nationwide Information Services, Inc. 208 W State St Trenton, NJ 08608

Continued on next page . . .



STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

BESTOUR, INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this

19th day of October, 1999

Kdom's MM achols

Roland M Machold Treasurer