REINSTATEMENT	Sandra B. Secretary DIVISION OF CO	of State		FILED
DOCUMENT # 1. Corporation Name K66905			97 NOV 10 AM 8: 57	
National Airline Ticket Company			SECRETARY OF STATE	
Principal Place of Business Mailing Address			TALLAHASSEE, FLORIDA	
3975 S.W. Bimini Circle Palm City, Florida 34990	Willing Flouress		and the state of Ft Walter	OP: NO PORTUBERS A CO
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida	
Sun 75 S.W. Bimini Circle	Suite, Apt. #, etc.		5. FEI Number	Applied For
Palm City FI Country		Country	59-2513109 6. CERTIFICATE OF STATUS D	Not Applicable \$8.75 Additional Fee require for a Certificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit c	orporations must list at lea	ast 3 directors)	
Title(s) and/or Directors	3 (Do N	Officer and/or Director IOT Use Post Office Box N	,	City / State / Zip
S James C. Bailey	3975 S.	W. Bimini Cir	cle Palm (City, FL 34990
B Carol A. Bailey	3975 S.	W. Bimini Cir		city, FL 34990 123466173
			-11/	/13/97-01076-014 1697.50 ***1697.50
	tegistered Apont	· · · · · · · · · · · · · · · · · · ·	11, 東#8	/13/9701076014 1697,50 ***1697,50
8. Name and Address of Current F Corporation Information Set 502 East Park Avenue Tallahassee, FL 32301	.	Street Address (F	-11/	13/3701076014 1637,50 ***1637,50 w Registered Agent
8. Name and Address of Current F Corporation Information Set 502 East Park Avenue	re named corporation, am fami	CORPORATION Street Address (Fig. 1201) Suite, Apt. #, Etc. City Tall	9. Name and Address of No CION_SERVICE C O. Box Number is Not Accepta Hays_Street ahassee bigations of Soction 607.0505, 1	13/3701076014 1637.50 ***1637.50 w Registered Agent OMPANY ble) State Zip Code FL 32301

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Bailey

11/4/97 (561) 288-0400 Daytime Phone #

PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.			
. APRLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO					
DOCUMENT # K66905			FILED			
1. Corporation Name			97 NOV 10 AM 8: 57			
National Airline Ticket Company W97-2544()			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address			, , , , , , , , , , , , , , , , , , ,			
3975 S.W. Bimini Circle Palm City, Florida 34990			PAZ			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTAILMENT 90-97			
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable		Applicable	Date Incorporated or Qualified To Do Business in Florida			
Sing 75 S.W. Bimini Circle	Suite, Apt. #, etc.		5. FEI Number Applied For			
City & State Palm City FI Zip Country	City & State		59-2513109 Not Applicable 6. S8.75 Additional Fee regulard			
	Zip Counti		CERTIFICATE OF STATUS DESIRED L. J 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) Name of Officers Street Address of Each Officer and/or Director 1 0 0 NOT Use Post Office Box Numbers) 1 2 3 (Do NOT Use Post Office Box Numbers) 4						
S James C. Bailey	ccle Palm City, FL 34990					
B Carol A. Bailey	3975 S.W.	Bimini Cir	rcle Palm City, FL 34990 70002346617-3 -11/13/37-01076-014 ***1697,50 ***1697,50			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						
Corporation Information Ser 502 East Park Avenue Tallahassee, FL 32301	vices, Inc.	Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.				
	ahassee State Zip Code FL 32301					
10. I, being appointed the registered agent of the above Signature of Registered Agent Dellwrah 10. States	Date 11-10-1997					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No x N/A (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 filling 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 focs 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 logal effect as if made under oath.						
SIGNATURE: SIGNATURE: 11/4/97 (561) 288-0400 SIGNATURES C. Bailey 11/4/97 Date Description Descriptio						