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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 2 PM 3:57

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88131

1. Corporation Name
AIT-AMERICAN INTERNATIONAL OF TOURISM INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 13201 MALLARD COVE BLV | 13201 MALLARD COVE BLVD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORLANDO FL | City & State: ORLANDO FL |
| Zip: 32837 Country: USA | Zip: 32837 Country: USA |

REINSTATEMENT 95-00

4. Date Incorporated or Qualified To Do Business In Florida: 05-15-89

5. FEI Number: 65-0119000 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: EDWIN CROES

Street Address (P.O. Box Number is Not Acceptable): 13201 MALLARD COVE BLVD.

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32837

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: [signature] Date: 11-01-00
REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PD | EDWIN CROES | 13201 MALLARD COVE BLVD | ORLANDO FL 32837 |
| VP | MIGDALIA E. CROES | 13201 MALLARD COVE BLVD. | ORLANDO FL 32837 |
| ST | LUIS A. RIVERA | 14340 COLONIAL GRAND BLVD. #33310 | ORLANDO FL 32837 |
| | | | |
| | | | |
| | | | |

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.

SIGNATURE: [signature] 11-1-00 305-592-0394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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# Florida Department of State
## Division of Corporations
### Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

# CORPORATION REINSTATEMENT

## AIT - AMERICAN INTERNATIONAL OF TOURISM, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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