## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 NOV 29 PH 3: 07
DOCUMENT # LISOGO 1. Corporation Name Celebration Excursions of Mami, Inc.		SECHETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 3239 W. Tvada Ave#9 Suite, Apt. #, etc.	3. Mailing Office Address 3239 W. Trade Are Sulte, Apt. #, etc.	1979-7005 CR2E081 (8/05)
#q	<b>#</b> 9	4. Date Incorporated or Qualified To Do Business in Florida 8-36-1989
City & State	City & State	5. FEI Number Applied For
Zip Country	Cicinal Grove, FL.	656144385 Not Applicable
33133 USA	33133 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  401 Biscogne Blud.  Suite, Apt. #, Etc.		
M-am.		State Zip Code FL 33132
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 Date 11-27-05		
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	
Prester Michael A Dod	ik 3239 W. Trade 1	Aretta Coconut Grove \$1.33133
		700061757597 11/29/0501059024 **1508.75
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•	07/27/99 90030	1041 1158.75 - 1777 Y 8 1130
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 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 fees owed by the corporation have been paid and the name 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: 11-27-05 305-444-2778 SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylirre Phone #		