

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L24435</u>	
1. Corporation Name <u>ABA TRAVEL GROUP, INC.</u>	
2. Principal Office Address <u>825 Brickell Bay Dr.</u>	3. Mailing Office Address <u>SAME</u>
Suite, Apt. #, etc. <u>SUITE # 851</u>	Suite, Apt. #, etc. <u>N/A</u>
City & State <u>Miami, Florida</u>	City & State <u>N/A</u>
Zip <u>33131</u> Country <u>USA</u>	Zip <u>N/A</u> Country <u>N/A</u>

FILED
05 MAY -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT <u>9305</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>10-23-89</u>	
5. FEI Number <u>650163247</u>	Applied For ☐ Not Applicable ☒
6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>MANUEL LOPEZ</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>825 Brickell Bay Dr.</u>	
Suite, Apt. #, Etc. <u>SUITE # 851</u>	
City <u>Miami</u>	State FL Zip Code <u>33131</u>

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 5/3/05

REGISTERED AGENT MUST SIGN

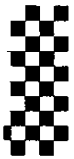
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	<u>MANUEL LOPEZ</u>	<u>825 BRICKELL BAY DR.</u>	<u>MIAMI, FL 33131-2916</u>
SEC.	<u>RYCHER CARBONE</u>	<u>825 BRICKELL BAY DR.</u>	<u>MIAMI, FL 33131-2918</u>

100054667751
05/17/05 01021 010 *\$2165.00

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)(b), 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: Sec. Rycher Carbone Date 5/3/05 Daytime Phone # 800-696-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



May 05 05 02:27p

ABA TRAVL GROUP & ENTERT. 800-569-0497

P. 1
2 of 2

ABA Travl Group & Ent. travl@abatr.com
825 Brickell Bay Drive Suite #851 1-800-696-0838 Fax 1-800-569-0497
Miami Brickell, Florida 33131-2918

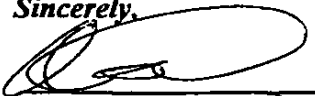
May 5, 2005

Florida Division of Corporations. Via Fax 1-850-245-6017
Ms. Tina Roberts
409 East Gaines street
Tallahassee Florida

Re: Document No. L24435, FEI 650163247

Dear Sirs

Dear Ms. Roberts as per your instructions we have corrected this letter to depict the time frame as you requested. Hence, we respectfully bring forth to the attention of your office that we have not received renewal notices from 1993 to present time. We thank you in advance for your prompt attention to this matter.

Sincerely,

Aycher Carbonell.