1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # L24435

1. Corporation Name
ABA Travel Group Inc.

REINSTATEMENT ~~97-05~~

2. Principal Office Address	3. Mailing Office Address
825 Brickell Bay Dr.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite # 851	N/A
City & State	City & State
Miami, Florida	N/A
Zip / Country	Zip / Country
33131 / USA	N/A / N/A

4. Date Incorporated or Qualified To Do Business in Florida: 10-23-89

5. FEI Number: 650163247 ☐ 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: Manuel Lora

Street Address (P.O. Box Number is Not Acceptable): 825 Brickell Bay Dr.

Suite, Apt. #, Etc.: Suite # 851

City: Miami | State: FL | Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 5/3/05

CR2E041 (10/03)

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.	Manuel Lora	825 Brickell Bay Dr.	Miami, FL 33131-2916
Sec.	Archer Carbonell	825 Brickell Bay Dr.	Miami, FL 33131-2918

100054667751
05MAY05 01021 010 **2155.00

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)(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: Sec Archer Carbonell 5/3/05 800-696-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.