

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000106283

1. Corporation Name
TRAVEL QUOTES. COM, INC
(Travelquotes.Com, Inc.)

2. Principal Office Address
1427 Ponce de Leon
Suite, Apt. #, etc.

3. Mailing Office Address
1427 Ponce de Leon
Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip Country
33134

Zip Country
33134

02/08/01 90042 010 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name ROSSANNA MURDER 10000772961 --8
-09/13/02--01034-015
Street Address (P.O. Box Number is Not Acceptable) 1427 Ponce de Leon Blvd. ****758.75 ****758.75
Suite, Apt. #, Etc.

City CORAL GABLES State FL Zip Code 33134

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 *Rossanna Murder* Date 8-15-02
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
P.O.	ROSSANNA MURDER	1427 Ponce de Leon	CORAL GABLES, FL 33134

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: *Rossanna Murder* Date 8-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)

8-15-02