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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 AM 8:00

DOCUMENT # **PO1000030575**

1. Corporation Name
ALLIED CHARTER & TOURS INC.

REINSTATEMENT 03-04
MRS

2. Principal Office Address
2217 SW 57TH WAY
Suite, Apt. #, etc.

3. Mailing Office Address
PO. BOX 120175
Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
FT. LAUDERDALE FL

Zip
33023 Country
USA

Zip
33312 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
MARCH 2002

5. FEI Number
651087512 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
JERMAINE ROWE

Street Address (P.O. Box Number is Not Acceptable)
760 EAST DAYTON CIRCLE

Suite, Apt. #, Etc.

City
FT. LAUDERDALE State
FL Zip Code
33312

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
Jermaine Rowe Date
3-15-04.

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/S	JERMAINE ROWE	760 EAST DAYTON CIR	FT. LAUDERDALE, FL 33312

000031519660
03/30/04--01070--005 **300.00

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: **Jermaine Rowe** Date
3-15-04.

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

CR2E081 (01/04)

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**ALLIED CHARTER & TOURS INC.
P.O. BOX 120175
FT. LAUDERDALE, FLORIDA 33312-0003
(954) 792 - 4323
(954) 792 - 4981 (FAX)**

~~Division Of Corporations~~

~~P.O. Box 6327~~

~~Tallahassee, Florida 32314~~

~~Att: Ruby~~

Allied Charter was incorporated in 2002(P01000030575). We did not receive the renewal application for 2003, therefore we did not know that it was a procedure to renew annually. As per conversation with Ruby on Friday January 16, 2004, we are to send \$300.00 along with this letter. Thanks for your cooperation.

Thank you

Jermaine Rowe