

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057071

1. Corporation Name

ALLIANCE HOTEL RESERVATIONS, INC.

Principal Place of Business

15342 SW 177 TERRACE
MIAMI FL 33187

Mailing Address

15342 SW 177 TERRACE
MIAMI FL 33187

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6405 N.W. 36TH ST.
SUITE #211
VIRGINIA GARDENS
FLORIDA

3. New Mailing Office Address, If Applicable

110 SHASHI B. MALIK CPA
1624 WALES AVE.
BALDWIN N.Y.

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2002

5. FEI Number

02-0623128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	KISHORE TANEJA	23 PRINCETON DR. DIX HILLS N.Y. 11746	DIX HILLS N.Y. 11746
SECT.	RICARDO HERNANDEZ	15342 SW 177 TERRACE	MIAMI FL 33187

400025777794
12/26/03--01081--007 **758.75

8. Name and Address of Current Registered Agent

HERNANDEZ, RICARDO
15342 SW 177 TERRACE
MIAMI FL 33187

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/21/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] KISHORE TANEJA, PRES

Date

12/1/03

Daytime Phone #

CR2E040 (7/03)