


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  <b>97 JUN -2 AM 5:04</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P39632</span>					
1. Corporation Name  Scenic America, Inc.					
Principal Place of Business  21 Dupont Circle, NW Washington, DC 20036			Mailing Address  21 Dupont Circle, NW Washington, DC 20036		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip                      Country		3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip                      Country		4. Date Incorporated or Qualified To Do Business in Florida  7-15-92	
		5. FEI Number  23-2188166		Applied For  Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
CD	Henderson, Roberta	4316 Glenview Avenue	Glenview, KY 40025		
PD	Maguire, Meg	21 Dupont Circle, NW	Washington, DC 20036		
VD	Appel, Madeleine	5223 Ariel	Houston, TX 77096		
SD	Hartig, David	1255 Southern Ave	Dubuque, IA 52001		
TD	Whitmire, Kathy	1126 Talieferro Hall	College Park, MD 20742		
500002203255-6					
8. Name and Address of Current Registered Agent  William C. Jonson 2694 Redford Court, West Clearwater, FL 34621			9. Name and Address of New Registered Agent  Name  City                      State                      Zip Code FL		
<b>REINSTATEMENT</b> <span style="font-size: 1.5em;">95-97</span>					
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.  Signature of Registered Agent <span style="font-size: 1.2em;">William C. Jonson</span> Date <span style="font-size: 1.2em;">May 23, 1997</span> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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.  <span style="font-size: 1.5em;">Meg Maguire, President</span> <b>SIGNATURE:</b> <span style="font-size: 1.2em;">Meg Maguire</span> President                      5-28-97                      202-833-4300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #					

CR2040 (12/96)