PLEASE READ ALL INS	STRUCTIONS BEFORE (	COMPLETING THIS FORM.
APPLICATION AREA FLORI	DA DEPARTMENT OF STATE	
POR.	Sandra B. Mortham	
DEINIGTATEMENIT	Secretary of State	FILED
N	53476	
DOOO!!!	98 AUG 14 PM 2: 46	
1. Corporation Name Specialty 7	ickets INC.	SECRETARY OF
,	,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Ad	ldress .	- Longon
4853 W. IRIO BROWSON	2948 BARRYMOR	ect.
	ORIANDO, Florida	07 CD
Kissimmee, Fl.	33835	REINSTATEMENT 97-98
If above addresses are incorrect in any way, line through incorrec		I The LIBO I FE I East I had I for
New Principal Office Address, If Applicable 3. New M.	ailing Office Address, If Applicable	4. Date Incorporated or Qualified
2948 BARRYMORE CT. Suite, Apt. #, etc.		To Do Business in Florida 7/20/1994
ORIANOO, H. 33835		5. FEI Number Applied For
DRIANDO, F1. 32835 City & Stat	6	59 - 3258976 Not Applicable
Zip Country Zip DRANGE Zip	Country	CERTIFICATE OF STATUS DESIRED State of Status
7. Names and Street Addresses of Each Officer and/or Director (F	lorida nonprofit corporations must list at lea	ast 3 directors)
Name of Officers Title(s) and/or Directors	Street Address of Each Officer and/or Director	
1 2	3 (Do NOT Use Post Office Box f	Numbers) 4 City / State / Zip
PRes. Judy A. Aidi	2948 BARRY,	MORE Ct. DRIANDO, FI.
7,700	01100000	32835
		5000026192950 -08/18/9801065005
		****900.00 ****900.00
		<b>500002619</b> 2950
		-08/18/9801065006
8. Name and Address of Current Registered A	gent	9. Name and Address of New Registered Agent
Tunke A. Aini		
2011 & Applimage Ct.	Street Address (F	O. Box Number is Not Acceptable)
Judy A. Aidi' 2948 BARRYMORE Ct. ORIANDO, FI. 32835	Suite, Apt. #, Étc.	
DEIANGO, FIT SECTION	City	
	City	State Zip Code
10. 1, 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 Date 8-12-98		
1 TEGISTETE AGENT MOST STON		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No (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 filling 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 tees 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Destine Phone #		