

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG -6 AM 9:23

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077326 (4)

1. Corporation Name
AFRITOURS, INC.

50002959345--8
-08/13/99--01112--004
***900.00 ***900.00

Principal Place of Business Mailing Address
1348 N.E. 147th Street 1348 N.E. 147th Street
North Miami, Florida North Miami, Florida
33161 33161

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 10-21-94 5. FEI Number 65-0536801 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Carline W. Paul and Traore Boubakar.

8. Name and Address of Current Registered Agent: Carline W. Paul, 1348 N.E. 147th Street, Miami, Florida 33161. 9. Name and Address of New Registered Agent.

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: Carline W. Paul, Date: 8/2/99.

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No [X]

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 in 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 taxes 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: Carline W. Paul, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date: 6-29-99, Daytime Phone #: (205) 944-8239

CRP2040 (1/98)