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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -8 PM 12:14

DOCUMENT # P94000082584

1. Corporation Name
MEXICRUISE, INC.

Principal Place of Business
299 ALHAMBRA
SUITE #501
CORAL GABLES, FL 33134

Mailing Address

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

REINSTATEMENT 95 99
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
SAME
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, if Applicable
SAME
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
1994

5. FEI Number
65-0955132
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PR	DANIEL SAFFE	55 PINTA	BAY HEIGHTS, FL 33133

$7 11/8

8. Name and Address of Current Registered Agent
GEORGE ALLEN
8870 PONCE DE LEON ROAD
MIAMI, FL 33143

9. Name and Address of New Registered Agent
Name: GEORGE ALLEN
Street Address (P.O. Box Number is Not Acceptable): 8870 PONCE DE LEON ROAD
Suite, Apt. #, Etc.:
City: MIAMI | State: FL | Zip Code: 33143

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: George Allen
REGISTERED AGENT MUST SIGN
Date: 11/01/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] DANIEL SAFFE 11/01/99 (305) 357-0284

P.02
11-08-1999 11:08

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

MEXICRUISE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,358.75