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 MAY -1 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012815

1. Corporation Name
MELIA TRAVEL (U.S.A.), INC.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIR SUITE 404 CORAL GABLES FL 33134 US	299 ALHAMBRA CIR SUITE 404 CORAL GABLES FL 33134 US

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
5040 N.W. 7th St.	5040 N.W. 7th St.
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33126 Country: Miami-Dade	Zip: 33126 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/1995

5. FEI Number: 65-0564484 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~ALONSO, JULIO C~~	~~999 PONCE DE LEON BLVD. #1050~~	~~CORAL GABLES FL 33134~~
P/T	Jesus Fernandez Chinea	5040 N.W. 7 St. #201	Miami, Fl. 33126
~~D~~	~~FERNANDEZ, FRANCISCO J~~	~~151 MAJORCA AVE SUITE C~~	~~CORAL GABLES FL~~
P/V/S	Angel Ramon Valerio Segovia	5040 N.W. 7 St. #201	Miami, Fl. 33126
~~ATAS~~	~~FERRER, CARMELO~~	~~299 ALHAMBRA CIR SUITE 304~~	~~CORAL GABLES FL~~

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****908.75 ****908.75

REINSTATEMENT 97-98 CHS

8. Name and Address of Current Registered Agent

ALONSO, JULIO C
999 PONCE DE LEON BLVD.
SUITE 1010
CORAL GABLES FL 33134

VS MAY 6 1998

9. Name and Address of New Registered Agent

Name: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
Suite, Apt. #, Etc.: Suite 250
City: Plantation State: FL Zip Code: 33324

CR2E040 (8/97)

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: x Vicky Goldstein (REGISTERED AGENT MUST SIGN)
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
Date: 4-16-98

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 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: Jesus Fernandez Chinea — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/28/98
Daytime Phone #: 305-444-0800