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
99 DEC -9 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000026859

1. Corporation Name

ARCO Tour U.S.A. INC

Principal Place of Business	Mailing Address
3502 SW 7st	3502 SW 7st
Miami FL 33135	Miami FL 33135

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/4/95

5. FEI Number: 65-0581734 | Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

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
P	Waldino Sierra	3502 SW 7th St	Miami FL 33135

800003070638--8
-12/15/99--01024--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

Waldino Sierra
3502 SW 7th St
Miami FL 33135

9. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable):

Suite, Apt. #, Etc.

City | State: FL | Zip Code:

10. I hereby appoint the registered agent of the above-named corporation and I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Waldino Sierra — Date:
REGISTERED AGENT MUST SIGN

11. 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.)

I certify that I am an officer or director of the foreign corporation 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: Waldino Sierra — 12/9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Division of Corporations
P.O. BOX 6327
Tallahasse, Fl 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of $150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **ARCO TOUR USA, INC** Thank you for your courtesy in this matter.

Waldino Sierra

WALDINO SIERRA
PRESIDENT

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