APPLICATION FOR REINSTATEMENT FOR 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -8 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95-000047013

1996

B.E.T. TOURS CORP.
13701 KENDALL DRIVE, SUITE 300
MIAMI, FL 33186

2. If Address is Being Changed, Enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

4. FEI Number 65-6179045

= FEI Number Applied For
= FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	MARTA FRASCARELLI	14378 S.W. 98 TERRACE	MIAMI, FL 33186
D/S	LUIS E. FRASCARELLI	14378 S.W. 98 TERRACE	MIAMI, FL 33186
D/T	HORACIO DE FELICE	14341 S.W. 98 TERRACE	MIAMI, FL 33186

REINSTATEMENT 1996
11-8-96

This corporation has liability for intangible tax under section 199.032, Florida Statutes. [X] Yes [ ] No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

MARTA FRASCARELLI
14378 S.W. 98 TERRACE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

000002004310--5
11/14/96--01095--020
****375.00 ****375.00

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL Zip Code

8. 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 [signature] Date 11/01/96

REGISTERED AGENT MUST SIGN

9. 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 of Officer or Director [signature] Date 11/01/96 Phone # (305) 385-1527

Typed or printed name of signing officer or director Marta Frascarelli

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED [ ]