

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 MAR 30 AM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000081864

1. Corporation Name

Premier Holidays International, Inc.

Principal Place of Business

Mailing Address

5505 Roswell Road
Suite 100
Atlanta, GA 30342

same

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

REINSTATEMENT *97-98*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/25/95

See new address above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2288482

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
Pres.	Daniel DelPiano	5505 Roswell Road, Suite 100	Atlanta, GA 30342
Vice Pres.	Antonina Mocerl	5505 Roswell Road, Suite 100	Atlanta, GA 30342
Vice Pres.	Wes Richmond	5505 Roswell Road, Suite 100	Atlanta, GA 30342
			<i>JS 4/01/98</i>
			100002477121-3
			04/02/98 01082-011
			***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Daniel DelPiano
3438 East Lake Road
Suite 14-616
Palm Harbor, FL 34685

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/5/98

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.)

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel DelPiano, President

3/5/98

Date

404-845-9998

Daytime Phone #

CR2E040 (12/96)