

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 3:57

DOCUMENT # P95000081864

1. Corporation Name
Premier Holidays International, Inc.

2. Principal Office Address
3000 Old Alabama Rd., #119
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

Suite 330

City & State
Alpharetta GA

City & State

Zip Country
30022 Fulton

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
10/25/95

5. FEI Number
58-2288482

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Deanna DellPian

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

3205 Audobon Court

Suite, Apt. #, Etc.

700004654627-4

~~10/26/01~~ ~~01032~~ ~~019~~

****750.00 ****750.00

City

Tarpon Springs

State
FL

Zip Code
34688

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date **8/14/01**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Daniel DellPiano	3000 Old Alabama Rd., #119 Suite 330	Alpharetta, GA 30022

10. 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:

8/14/01

678-313-4733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (9/00)