PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 JAN 22 PM 3: 14 P96000078448 DOCUMENT # SECRETARY OF STATE JALLAHASSEE, FLORIDA 1. Corporation Name TOURISM ADVISORY GROUP WORLD SERVICES, INC. Principal Place of Business Mailing Address 1968 WINDSOR DRIVE 1968 WINDSOR DRIVE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 REINSTATEMENT 98-99 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 Date Incorporated or Qualified To Do Business in Florida 09/19/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0711897 \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip D WATES, BRIAN L 1968 WINDSOR DRIVE NORTH PALM BEACH FL 33408 D WATES, GERTRUDE M 1968 WINDSOR DRIVE NORTH PALM BEACH FL 33408 200002756632---0 -01/27/99--01072--020 ***1800.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CHURCH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1970 WINDSOR DRIVE Sulte, Apt. #, Etc. NORTH PALM BEACH FL 33408 State Zip Code City 10. I, being appointed the egistered ageny of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 1/20/99 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes LI No []

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 filling 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.

Intangible Personal Property tax due June 30.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0054996

1/20/99 (561)626 3126