PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 17 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000025588

1. Corporation Name PA1 COMMUNICATIONS, INC
DBA TOURCENTER
N04000007548

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
2200 NW 7ST	SAME
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. "
City & State MIAMI, FL	City & State "
Zip 33125 / Country MIAMI DADE	Zip " / Country "

4. Date Incorporated or Qualified To Do Business in Florida 4/21/97

5. FEI Number 65-0745225 ☐ 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 PEDRO ARREDONDO
300029240483
03/23/04--01118--013 **50.00
300029240483
02/23/04--01053--001 **450.00

Street Address (P.O. Box Number is Not Acceptable) 2200 NW 7ST ~~#4~~

Suite, Apt. #, Etc. ~~MIAMI, FL~~ #4

City MIAMI State FL Zip Code 33125

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 3/12/04
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
P-SDA	PEDRO ARREDONDO	2727 SW 5ST	MIAMI, FL 33135
D	ORQUIDEA MARTINEZ	2727 SW 5ST	MIAMI, FL 33135

REINSTATEMENT 02-04

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: _____ PEDRO ARREDONDO 12/4/03 305-992-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Please Do Not Detach

PAI COMMUNICATIONS, INC.

- DOMINICAN INT. YELLOW PAGES
- LA PODEROSA 670 AM-50,000 WATTS
- FESTIVAL OF MULTITUDE
- PRESS - PRENSA

REACHING MORE FOR LESS

November 20, 2003

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sirs:

I have not yet receive the form for the last (2002) and this year to pay the annual fees of my PA1 CORPORATION #P97000035588. So I'm including $150.00 X 2= $300.00 (FOR LAST AND THIS YEAR).

Please include (or Add) the following name TOURCENTER for a DBA.

Sincerely yours,

PEDRO ARREDONDO
President

P.S. FEI # 65-0745225

RECEIVED
03 NOV 21 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2200 N.W. 7ST. MIA. FL 33125 (305) 541-8191 FAX 305- 541-8225