

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

<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b>	
<b>REINSTATEMENT</b>		<b>Jim Smith</b>	
<i>2000-2002 CBN</i>		<b>Secretary of State</b>	
<b>DOCUMENT #</b> <i>P97 0000 63047</i>		<b>DIVISION OF CORPORATIONS</b>	
<b>1. Corporation Name</b>  <b>MAJESTIC MEXICO TOURS INC.</b>			
<b>2. Principal Office Address</b> <b>782 Navy Street</b> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> <b>784 Navy Street</b> <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> <b>Ft. Walton Beach, FL</b>		<b>City &amp; State</b> <b>Ft. Walton Beach, FL</b>	
<b>Zip</b> <b>32547</b>	<b>Country</b> <b>USA</b>	<b>Zip</b> <b>32547</b>	<b>Country</b> <b>USA</b>

**FILED**  
**02 DEC 17 PM 12:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>7/18/1997</b>	
<b>5. FEI Number</b> <b>59-3463764</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> <b>ROBERT M KROLL</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>784 NAVY STREET</b>	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> <b>FORT WALTON BEACH</b>	<b>State</b> <b>FL</b>
<b>Zip Code</b> <b>32547</b>	

<b>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.</b>	
<b>Signature of Registered Agent</b>	<b>Date</b> <b>12/13/02</b>
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>Pres.</b>	<b>Ronald C Kroll</b>	<b>784 Navy Street</b>	<b>Ft. Walton Bch, FL 32547</b>
<b>Sec.</b>	<b>Robert M Kroll</b>	<b>784 Navy Street</b>	<b>Ft. Walton Beach, FL 32547</b>
<b>Treas.</b>			

**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:** *Robert M. Kroll* **Robert M. Kroll** **12-13-02** **850-3149339**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

*Payment*



**Majestic Mexico Tours**

mexico-tours.com

December 13, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

REF: Tax payment 2000-2002  
Dispute of Reinstatement Fee

Enclosed is a check for the amount of \$450 for payment of corporate taxes for the year 2000, 2001, and 2002.

We were not notified of the tax due for the year 2000 and beyond as we did not receive the filing forms.. We appreciate your understanding in this matter. Should this not be acceptable, please notify us right away.

Sincerely,

*Robert M. Kroll*  
Robert M Kroll