PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
H01000005067
01 JAN 11 PM 12:37

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000078408

98-01

REINSTATEMENT

1. Corporation Name

TKTS TOURS INC.

2. Principal Office Address	3. Mailing Office Address
7018 NW 50 ST.	7018 NW 50 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country:	Zip: 33166 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 9/10/97

5. FEI Number: 65-0780221 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: MARTY KALKAS

Street Address (P.O. Box Number is Not Acceptable): 245 SE 1ST ST.

Suite, Apt. #, Etc.: SUITE 314

City: MIAMI State: FL Zip Code: 33131

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: Marty Kalkas Date: 1/8/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
D	JUAN GUTIERREZ	7018 NW 50 ST.	MIAMI, FL 33166
D	DAVID PEREZ	7018 NW 50 ST.	MIAMI, FL 33166
			AD

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.

H01000005067

SIGNATURE: JUAN GUTIERREZ 1/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000005067 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : KALKAS BUSINESS SERVICES
Account Number : I19980000015
Phone : (305)577-9716
Fax Number : (305)577-9718

CORPORATION REINSTATEMENT

TKTS TOURS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00