


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000025014			
1. Corporation Name SUPERWAYS TRAVEL SERVICE INC II			
2. Principal Office Address 13756 SW 84th Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida		City & State	
Zip 33183	Country USA	Zip	Country

FILED
01 JUN 13 PM 4: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

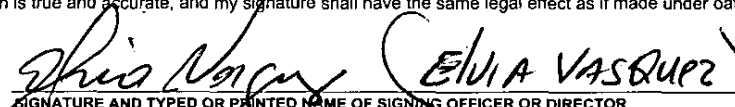
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***1050.00 ***1050.00

4. Date Incorporated or Qualified To Do Business in Florida Mar/16/98	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name ELVIA VASQUEZ		
Street Address (P.O. Box Number is Not Acceptable) 15566 SW 112th Drive		
Suite, Apt. #, etc.		
City Miami	State FL	Zip Code 33196

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 5/15/01
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
President	ELVIA VASQUEZ	15566 SW 112 DRIVE	MIAMI FL, 33196

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:  (ELVIA VASQUEZ)	Date 5/15/01 Daytime Phone # 305 3932338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (9/00)