PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030088

1. Corporation Name

Educational Field Trips, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
11921 So. Dixie Hwy	11921 So. Dixie Hwy
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. Suite 206
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33156 Country USA	Zip 33156 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/30/98

5. FEI Number 65-0833045 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.76 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARY E. Perez

Street Address (P.O. Box Number is Not Acceptable): 11921 South Dixie Hwy

000087045576
10/30/02--01108--015 **750.00

Suite, Apt. #, Etc.: Suite 206

City: Miami State: FL Zip Code: 33156

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: Mary E. Perez
REGISTERED AGENT MUST SIGN

Date: 10/14/02

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director/ Pres	MARY E. PEREZ	100 Edgewater Drive	Coral Gables, Fl. 33133

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: Mary E. Perez MARY E. PEREZ 10/14/02 (305)251-8853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #