


PS 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 18 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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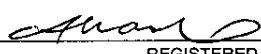
REINSTATEMENT 01-04

DOCUMENT # P98000031038			
1. Corporation Name TOURING MARKET CORPORATION			
5227 S. JOHN YOUNG PKWY 5227 S JOHN YOUNG PKWY			
2. Principal Office Address 5227 S. JOHN YOUNG PKWY		3. Mailing Office Address 5227 S JOHN YOUNG PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32839	Country	Zip 32839	Country

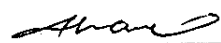
4. Date Incorporated or Qualified To Do Business in Florida 03-30-98	
5. FEI Number 59-3505422	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ALVARO GOES		
Street Address (P.O. Box Number is Not Acceptable) 5227 S JOHN YOUNG PKWY		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32839

000037337550
05/26/04--01044--013 **600.00

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 MAY 10, 2004
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
PRES	ALVARO GOES	5227 S JOHN YOUNG PKWY	ORLANDO, FLORIDA 32839
SEC	CLELIA GOES	5227 S JOHN YOUNG PKWY	ORLANDO, FLORIDA 32839

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)(l), 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: <u>ALVARO GOES</u> 	MAY 10, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (01/04)

Attachment

PJ 2 22

May 3, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Touring Market Corporation
5227 S. John Young Pkwy
Orlando, Florida 32839
Document #: P98000031038

Dear Sir/Madam:

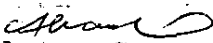
This letter is to inform you that we never received the initial mailing of the 2001 Uniform Business Report.

We realize that it is our responsibility to know when deadlines are and when payments are due, but unfortunately we tend to get caught up in our own hectic daily routine and sometimes days just slip by us unknowingly and with this being our first year, we just were not aware of it.

We ask that you accept our appologize and our check for the reinstatement fee of \$ 600.00.

Thank you in advance for your cooperation and understanding in this matter.

Sincerely,


Alvaro Goes
President