


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b>		P99000037265	
<b>1. Corporation Name</b>		Adventours International, Inc.	
<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
3868 N.E. 169 ST		6430 Metro West Blvd.	
Suite, Apt. #, etc. # 306		Suite, Apt. #, etc. # 522	
<b>City &amp; State</b>		<b>City &amp; State</b>	
North Miami Beach, FL		Orlando Florida	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33160	U.S.A.	32835	USA

FILED

04 FEB -9 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT**

03-04

800028412478

02/09/04--01049--024 \*\*8.75

800028412478

02/09/04--01049--023 \*\*300.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		04/23/1999
<b>5. FEI Number</b>	Applied For	Not Applicable
650913540		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Manuel Limia

Street Address (P.O. Box Number is Not Acceptable)

6430 Metro West Blvd.

Suite, Apt. #, Etc.

# 522

City

ORLANDO

State  
FL

Zip Code

32835

**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

*Manuel Limia*

REGISTERED AGENT MUST SIGN

Date

Jan 23, 2004

**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
P	MANUEL LIMIA	6430 Metro West Blvd. #522	Orlando FL 32835

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Manuel Limia* MANUEL LIMIA

Date

01/23/04

Daytime Phone #

407  
625-4896

CR2E081 (10/02)

January 23, 2004

**FLORIDA DEPT. OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

Dear Sir:

This letter is to request waiver of the fee of \$900. Because we never received the first or second notice sent by you, for the year 2003.

A check for the amount of \$300 plus \$8.75 is included with the letter and application for reinstatement.

Thank you for your attention.

Regards,



Manuel Limia

**ADVENTOURS INTERNATIONAL, INC.**