

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 97
 Senator B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN -2 PM 12:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S03758

1. Corporation Name
PREFERRED TRAVEL SERVICES, INC.

Principal Place of Business Mailing Address
 800 NORTH ORANGE AVENUE SUITE 140 ORLANDO FL 32801
 1302 E. ROBINSON ST 32803
 300 NORTH ORANGE AVENUE SUITE 140 ORLANDO FL 32801
 1302 E. ROBINSON ST 32803



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1302 E ROBINSON ST ORLANDO FL 32803 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 1302 E ROBINSON ST ORLANDO FL 32803 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/01/1990	
City & State ORLANDO FL		City & State ORLANDO FL		5. FEI Number 59-3029838	
Zip 32803		Country USA		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JEKANOSKI, RITA A.	300 N. ORANGE AVE #140 1302 E. ROBINSON ST	ORLANDO FL 32803
			000002391240--5 -01/06/98--01073--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent JEKANOSKI, RITA A. 300 NORTH ORANGE AVE. 1302 E. ROBINSON ST SUITE 140 ORLANDO FL 32801 32803		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Rita A. Jekanoski* REGISTERED AGENT MUST SIGN Date: 11/26/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: *Rita A. Jekanoski* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/26/97 (407) 841-1818 Day Daytime Phone #

CR2E040 (8/97)