

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED
 97 JAN 10 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S10839**

1. Corporation Name
Travelogix, Inc.

Principal Place of Business Mailing Address
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 10370 Richmond Ave. Suite, Apt. #, etc. Suite 750 City & State Houston, Texas Zip 77042 Country USA	3. New Mailing Address, If Applicable 10370 Richmond Ave. Suite, Apt. #, etc. Suite 750 City & State Houston, Texas Zip 77042 Country USA
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4. Date Incorporated or Qualified To Do Business in Florida
11/02/90

5. FEI Number
65-0243680

6. CERTIFICATE OF STATUS DESIRED \$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
T,S,V	Keith A. Jezek	10370 Richmond Ave., Suite 750, Houston, TX	77042
V	Fredrik Wallenberg	10370 Richmond Ave., Suite 750, Houston, TX	77042

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent
Barry G. Craig
 c/o Steel Hector & Davis
 200 S. Biscayne Blvd., Suite S-4000
 Miami, Florida 33131 USA

9. Name and Address of New Registered Agent
 Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 Suite, Apt. #, Etc.
 City
Plantation, State
FL Zip Code
33324

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 **Kirk S. Hood** REGISTERED AGENT MUST SIGN
 Date **January 9, 1997**
Assistant Secy

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Keith A. Jezek** Date **1-9-97** Daytime Phone # **713-266-0100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T,S,V

CR2E040 (12/95)