| PLEASE READ | ALL INSTRUCTIONS BEFORE CO | MPLETING THIS FORM. |
|--|--|--------------------------|
| APPLICATION FEMORATEMENT | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | APPROVED AND FILED |
| DOCUMENT # S561 1. Corporation Name ASSOCIATED TRAVEL NETW | 98 SEP 18 AM 8: 49 SECRETARY OF STATE DALL AHASSEF, FLORIDA | |
| | | |

| Principal Place of Business 3041-NE-2ND-AVENUE SUITE-000- MAINT FL-00107 | | -3941-N.E. 21 | Mailing Address -3941-N E 2ND AVENUE MAMI TE 33137 US | | | | | | | |
|---|---|--|--|-----------------------------|---|--|--|--|--|---|
| If above a | incipal Ö ffice | | 3. New Mailin | g Office A | ddress, If Applicate | | To Do Bus 5. FEI Number 6. | porated or Qualifier iness in Florida or 65-02642 TE OF STATUS DESI | 05/30 38 \$8.75 Ad | Applied For Not Applicable Iditional Fee requires |
| 7. Namos Title(s) 1 D | 2 | Idresses of Each Officer and/ Name of Officers and/or Directors | /o≀ Diractar (Flor | 3 (1 | fit corporations mus Street Addres Officer and/o to NOT Use Post Of BAYSHORE DR | ss of Each or Director llice Box N | lumbers) | 4 -MIAMI-FL | City / State / Z | !ip |
| Pres D | Rees | e Victor | | 777 | Burys Hong Su | E Chil | 031 | 0000; -09/2 ***** 00003 -09/2 | 2798010 **8.75 ** :64:57 2798010 | 118 28004 *****8.75 118 |
| 4747 Suit Mian | SE, VICTOR - NORTH D/ E-0251 Al-FL 33 132 | HYSHORE-DRIVE FY LA | eese VII 1 Baysho 2 backoou 2 backoou | TOR ME D FC | XIVE Street A 7 33504 Suite, A City | Nddress (P | . Y/C+O O. Box Numbe Boys WO DODGEOOL | r is Not Acceptable NE DAIVE E FC 3: |) 304 S U State Zip | Na 1603 |
| Signature of Registered | of Agent. | Keese | GISTERED AGE | NI MUST | sign K to the | Yes | No P | Date 9 | See other side for i | |
| this rein owed b | nstat <mark>omen</mark> t ap y the cor pora | officer or director or the recei plication, the reason for disso tion have been paid and the i true and accurate, and my si | olution has been e names of individu | oliminated, als listed o | the corporate name on this form do not c | satisfies t qualify for a | the requirement an exemption u | s of section 607.04 | 01 or 617.0401, F | .S., that all foos |

SIGNATURE:

President

9/14/98 954 5C 39906 Date Daytime Place #

ASSOCIATED TRAVEL NETWORK, INC. 1975 E. SUNRISE BOULEVARD SUITE 624 FORT LAUDERDALE, FL 33304

September 14, 1998

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sirs:

This letter will confirm the conversation that I had with your office last week, in reference to our reinstatement application for Associated Travel Network, Inc. which reflects our corrected address.

Your office was advised that we moved over 3 (three) years ago from 3841 NE 2nd Avenue to 100 N. Biscayne Boulevard for several months, then over 2 ½ years ago to the current address and all mail and correspondence from your office was never received or forwarded until an old business friend gave me this Document # 556100.

We have enclosed a check in the amount of \$515.00 for:

1996 \$200.00 1997 \$165.00 1998 \$150.00 \$515.00

We have also enclosed a check for \$8.75 for a status report, along with a UPS envelope that would be appreciated to be used for return of status report. Thank you.

Reese Victor President