PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # \$85/ALC 1. Corporation Name ATECL TRAVEL SYSTEMS, FM. 2. Principal Office Address - No PO. Box # STATE TALL AHASSER, FLORIDA: 2. Principal Office Address - No PO. Box # STATE TALL AHASSER, FLORIDA: 2. Inding Office Address - No PO. Box # STATE TALL AHASSER, FLORIDA: 2. Inding Office Address - No PO. Box # STATE TALL AHASSER, FLORIDA: 3. Malling Office Address - No PO. Box # STATE TALL AHASSER, FLORIDA: 3. Malling Office Address - No PO. Box # STATE DESCRIPTION OF CREDENT (12/07) 4. Date Incorporated or Qualified To Do Business in Florida: 5. The Number Post of State Business - No Florida: 5. The Number Post of State Business - No Florida: 7. Name and Address of Current Registered Agent Name - Number I and Address of Current Registered Agent Name - Number I and Address of Current Registered Agent State A. R. Etc. 3. Louing supported fine registered agent of the above named corporation, and insuliniar with and accept the obligations of section 607.0505 or 617.0003, F.S. Signature of State Address of Each Officer and requesting the reinstatement fee be waived. 4. Date Incorporate and requesting the reinstatement fee be waived. 3. Louing supported fine registered agent of the above named corporation, and insuliniar with and accept the obligations of section 607.0505 or 617.0003, F.S. Signature of State Address of Each Officer and/or Director of The received and requesting the reinstatement (see be waived.) 40. Lockly beta I am an officer or operator or the received or this the entire of the agent for the post of the operation of the operation of the address of the operation of t	REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		FILED	
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2. Principal Office Address - No P.O. Box # 43. Mailing Office Address ### Hont govern Road ### Suite, Act. # etc. #### Suite, Act. # etc. #### Suite, Act. # etc. ##### Suite, Act. # etc. ###################################			SECRETARY OF STATE		
Sulte, Apt. #, etc. # 13 Sulte, Apt. #, etc. # 14 Sulte, Apt. #, etc. # 15 Sulte, Apt. #, etc. # 16 Sulte, Apt. #, etc. # 16 Sulte, Apt. #, etc. # 17 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying and entity	ATEC TRAVEL SYSTEMS, IM.			TALLAHASSEE, FEORES	
Suite 13 Suite 13 Suite 13 Suite 13 Suite	409 Montgowary ROAD	409 Montgourry ROAD	REIN	ISTATEMENTO	
City & State ACTALIGNEE Spring, FC ACTALIGNEE SPRING The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City ACTALIGNEE Spring State ACTALIGNEE Spring State ACTALIGNEE Spring State ACTALIGNEE Spring State ACTALIGNEE Spring FC ACTALIGNEE Spring The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City ACTALIGNEE Spring State ACTALIGNEE AC	1	Suite, Apt. #, etc.) Suite 13/			
219 27 IN Colorby USA 3 21 Y USA Country SA CERTIFICATE OF STATUS DESIRED S875 Additional Fee requirements of the status of Status Series of Samuel Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name TANLO Street Address (P.O. Box Number is Not Acceptable) North Address (P.O. Box Number is Not Acceptable) Road Sute, Apt. #, Etc. 3	A	· · · · · · · · · · · · · · · · · · ·	ļ	Applied For	
7. Name and Address of Current Registered Agent Name Name DAVIO	Zip Country	Zip Country		\$8.75 Additional Fee required	
Street Address of Each Officer and/or Directors Titles Officers and/or Di				Total Certificate of Status	
Street Addresses of Each Officer and/or Directors Titles Officer and/or Directors Titles Officer and/or Directors Officer and/or Directors Titles Officer and/or Directors Officer and/or Direct	Name TANOT DAVIO		circumstances which the entity did not receive the prior notices. By checking this box, you		
Sute, Apt. #, Etc. 31 State Zip Code FL 3 2 114	Street Address (P.O. Box Number is Not Acceptable)				
State Springs State Zip Code 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 Part	Suite, Apt. #, Etc.		received and requesting the reinstatement		
Signature of 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 Officers and/or Directors Street Address of Each Officer and/or Director (City / State / Zip) P JAMET M. DANIO 538 Street Address of Each Officer and/or Director City / State / Zip 10.1 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 statisfies 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 contained in Chapter 119, 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.	City State Zip Code		tee be	waived.	
Registered Ageful Production of 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, F.S., that all fees owned by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.					
Titles Name of Officers and/or Directors Officer and/or Director Officer and/o	Registered Agent			Date <u>2-13-08</u>	
P JANOT M. DANIO 538 Strathcly CT. Apopta, F2 33718 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 eleminated, the corporate name set satisfies the requirements of section 607,0401, F.S., that all fees over the part of the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.	9. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at le	ast 3 directors)		
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SIGNATURE: And M. Bario- PRESIDENT 2-13-08 407-682-6606	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 contained in Chapter 119, F.S. The information indicated				
Signature and typed or printed name of signing officer or director Data Daytime Phone #					