

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

97 JAN 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05733**
1. Corporation Name
ESPRIT TOURS AND TRAVEL CORP.

Principal Place of Business 5750 MAJOR BLVD. SUITE 375 ORLANDO FL 32819	Mailing Address 5750 MAJOR BLVD. SUITE 375 ORLANDO FL 32819
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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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/10/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3100459	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
P	ASHBROOK, MONIQUE M	5750 MAJOR BOULEVARD, SUITE 375	ORLANDO FL
			000002065380--4 01/22/97-01172-010 ***383.75 ***383.75
			REINSTATEMENT 1996 <i>A. Alan</i> <i>1/17/97</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ASHBROOK, MONIQUE M. 5750 MAJOR BOULEVARD SUITE 375 ORLANDO FL 32819		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Monique Ashbrook* Registered Agent Date: *JANUARY 13/1997*
REGISTERED AGENT MUST SIGN

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 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: *Monique Ashbrook* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MONIQUE M. ASHBROOK
President
Date: *JAN/13/97* Daytime Phone #: *(407) 250-3318*

CR2ED40 (7/96)