10/12/1999 17:45 941-795-7341 AT YOUR SERV

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Nov 15 1999 8:00 am
Secretary of State

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004784**

1. Corporation Name

7-11 TOURS, INC.

Principal Place of Business	Mailing Address
5642 CORTEZ RD W. BRADENTON FL 34211	5642 CORTEZ RD W. BRADENTON FL 34211

REINSTATEMENT 1999

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1998

5. FEI Number: 65-0908466 [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for Certification of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip
P	HAAS, JULIUS	2868 MICHAEL RD	WANTAGH NY 11793
VST	SHORE, PATRICIA	44 MARALYN CT	WEST BABYLON NY 11704
			000003070450--6 -12/15/99--01013--010 ****600.00 ****600.00
			000003070450--6 -12/15/99--01013--011 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

HAAS, DONALD
4107 NW 78TH WAY
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name: Mr. William Gorman
Street Address (P.O. Box Number is Not Acceptable): 3200 Coquina Esplanade
Suite, Apt. #, Etc:
City: Punta Gorda State: FL Zip Code: 33950

CR2E540 (3/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 6[illegible]3505, F.S.

Signature of Registered Agent: William Gorman 10/20/99
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapte[illegible] 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 s[illegible] 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 s[illegible] 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.

Oct. 18. 1999

SIGNATURE: Patricia Shore Executive V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

516-454-9200 Ext. 37
Daytime Phone #