

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **8459168**

99 APR 28 PM 4:01
 TALLAHASSEE, FLORIDA

1. Corporation Name
SURINAAMSE LUCHTVAART MAATSCHAPPIJ N.V. (INC)
SURINAM AIRWAYS LIMITED

Principal Place of Business: **COPPENAMESTRAAT NO 136 PARAMARIBO, SURINAM**
 Mailing Address: **5775 BLUE LAGOON DRIVE SUITE 190 MIAMI, FLORIDA 33126**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt #, etc.
 City & State
 Zip Country

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1957030

Applied For
 Not Applicable

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
acting P	Henkie D. Jessurun	6 PETER BRUNESLAAN	PARAMARIBO, SURINAM
VP	Jan Hollum	66 JESSURUNWEG	PARAMARIBO, SURINAM
M	Gene Fung-Loy	12361 SW 144th Terrace	Miami, Florida 33186

*****2867948--01
 -05/07/99--01124--008
 ***1050 00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **Gerhardt A. Schreiber**
 Street Address (P.O. Box Number is Not Acceptable): **2222 Ponce De Leon Blvd**
 Suite, Apt #, Etc.:
 City: **Penthouse Suite**
Coral Gables, State: **FL** Zip Code: **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 (5)(b), F.S.

Signature of Registered Agent: **X GA Schreiber**
 REGISTERED AGENT MUST SIGN

Date: **4/23/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 (3)(b) or 617 (3)(b), 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)(b), 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (305) 262-9922
 Digital Product

COPY 08/17/98