

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

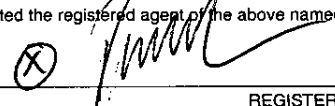
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CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000004129			
1. Corporation Name <p style="text-align: center;">IN-FLIGHT SERVICES, USA, INC.</p>			
2. Principal Office Address 1166 KANE CONCOURSE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State BAY HARBOR ISLANDS, FL		City & State	
Zip 33154	Country	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida <p style="text-align: right;">8/21/2000</p>	
5. FEI Number 651589278	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name BERNARD KLEPACH			
Street Address (P.O. Box Number is Not Acceptable) 1166 KANE CONCOURSE			
Suite, Apt. #, Etc. SUITE 300			
City BAY HARBOR ISLANDS		State FL	Zip Code 33154

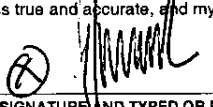
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  _____ Date _____

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIP/ST	BERNARD KLEPACH	1166 KANE CONCOURSE	BAY HARBOR ISLANDS
		SUITE 300	FL 33154

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 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:  **BERNARD KLEPACH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E081 (10/02)