APP	LICATI	PLEASE READ	ALL INST	RUCTION DEPART	_	BEFORE (ר	ING THIS FO	DRM. Id	7
DOCU		# F00000	00651		DRPORA	ations TVIS	RETARY OF IN OF CORI	F STATE PORATIONS M 9: 14		V
1. Corporation		AN AIRWAYS (P	ry) LTD.	(INC)						
515 E. LAS OLAS BLVD 515 E. LAS 18TH FL 16TH FL			Mailing Addre 515 E. LAS O 16TH FL FT LAUDERDA	LAS BLVD			***************************************			
Suite, Apt. #, etc. Suite, Apt.				ling Office Address, If Applicable			To Do Busi	4. Date Incorporated or Qualified To Do Business in Florida 11/22/2000 5. FEI Number Applied For Not Applied For		
Zip Country 7. Names and Street Addresses of Each Officer and/or			Zip Country				CERTIFICATE OF STATUS DESIRED (for a Certific			onal Fee required icate of Status
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				4	DIUIU68- Pity-State####	
- D C MKWANAZI, ME NCUBE, DMJ				RM 1111, 11TH FE TRANSNET JOHANNESBURG PARKTOWN PARK, 8 HILLSIDE RD, BU FL, AIRWAYS PARK JONES STREET JOHANNESBURG						10001
D - N	MAGOZOMA		HKWANAZI, METRANSET PARK, 8 HILLSIDE RD PARKTOWN							
D S	SEROBE, G T			RM A3.41, TRANSNET PK, 8 HILLSID				PARKTOWN		
	SIBIYA, B L	TRANSET PARK, 8 HILLSIDE RD			PARKTOWN					
D f	TRANSNET PARK, 8 HILLSIDE RD. 515 E LAS OLAS nt			3, FtLO	PARKTOWN JUICE VOL Address of New Regi	P FL	3330			
ELLINGER, MARK D 515 E. LAS OLAS BLVD., 16TH FL FT LAUDERDALE FL 33301				Name Street Address (P.0 Suite, Apt. #, Etc.			C.O. Box Number is Not Acceptable)			
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 Date Date Date										
this reinsta	atement appl he corporatio	ificer or director or the receiv lication, the reason for dissol on have been paid and the nue and accurate, and my sig	ution has been ames of individ	eliminated, th uals listed on	e corpor this form	rate name satisfies n do not qualify for	the requirements an exemption un	of section 607.0401	or 617.0401, F.S.,	that all fees

SIGNATURE AND TYPED OR FAMINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

SIGNATURE:



515 East Las Olas Boulevard

Fort Lauderdale, Florida 33301 Tel: (954) 769-5000 Fax: (954) 769-5079 Res: (800) 722-9675

October 18, 2001

Ms. Katherine Harris
Secretary of State
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

RE: FEI NO. 65-0906850, SOUTH AFRICAN AIRWAYS (PTY) LTD DOCUMENT NO. F00000006517

Enclosed please find our application for the reinstatement of South African Airways (Pty) Ltd. (Inc) registration to transact business in the State of Florida.

We were not aware that the deadline for filing of Uniform Business Report (UBR) was May 1, 2001 and we did not receive any notifications from your office regarding UBR. Therefore, we would greatly appreciate your consideration in waiving reinstatement fee of \$600.00. South African Airways will ensure that all future UBR filings are completed by May 1.

Enclosed please find our check for \$158.75.

Sincerely,

Mark D. Ellinger

Executive Vice President, Americas

Encl 1