

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005532

1. Corporation Name

JETSGO CORPORATION

Principal Place of Business	Mailing Address
7800 COTE-DE-LIESSE ST. LAURENT.QUEBEC CANADA H4T -1G1	7800 COTE-DE-LIESSE ST. LAURENT.QUEBEC CANADA H4T -1G1



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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 11/04/2002

5. FEI Number 98-0387587 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	4 City / State / Zip
CP	LEBLANC, M. MICHEL	7800 COTE-DE-LIESSE	ST. LAURENT, QUEBEC CANADA H4T
V	METRAS, MME ELAINE	7800 COTE-DE-LIESSE	ST. LAURENT, QUEBEC CANADA H4T
T	LACASSE, M. YVES	7800 COTE-DE-LIESSE	ST. LAURENT, QUEBEC CANADA H4T

980024949479
11/24/03--01020--004 **200.00
10/26/03 01070 011 \$550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

M. PIERRE COUTURE
45 E SHERIDAN STREET, SUITE B
DANIA BEACH FL 33004

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ State FL Zip Code _____

11/13/03

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date 11/13/03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

27.10.2003 514.344.7120

Date Daytime Phone #

CR2E040 (7/03)