PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -6 AM 10:14

DOCUMENT # P98000039895

1. Corporation Name

JACARANDA AIR MIAMI, INC.

Principal Place of Business	Mailing Address
6600 NORTHWEST 27TH AVENUE SUITE W101B MIAMI FL 33147	6600 NORTHWEST 27TH AVENUE SUITE W101B MIAMI FL 33147

REINSTATEMENT

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: 05/04/1998

5. FEI Number: 65-0762566 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	STUGGIS-GORDON, BRENDA	6600 NORTHWEST 27TH AVENUE	MIAMI FL 33147

000003479100--4
-11/28/00--01103--023
****750.00 ****750.00

12/1/22

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~AMERILAWYER~~ ~~343 ALMERIA AVENUE~~ ~~CORAL GABLES FL 33134~~	Name: Brenda Stuggis-Gordon Street Address (P.O. Box Number is Not Acceptable): 6600 NW 27 Ave. Suite W101B Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33147

CR2E040 (8/00)

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: [signature] Date: 30 October 2000
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.

(305) 696-6030

SIGNATURE: [signature] Brenda Stuggis-Gordon 10-30-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053113 AF