PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURWI.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

P98000039895 DOCUMENT #

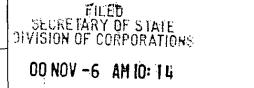
1. Corporation Name

SIGNATURE:

JACARANDA AIR MIAMI, INC.

Principal Place of Business

Mailing Address



6600 NORTHWEST 27TH AVENUE 6600 NORTHWEST 27TH AVENUE SUITE WICHB SUITE W101B REINSTATEMENT <u>&</u> MIAMI FL 33147 MIAMI FL 33147 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Oo Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 05/04/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0762566 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country Zip Zip CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) 6600 NORTHWEST 27TH AVENUE MIAMI FL 33147 STUGGIS-GORDON, BRENDA **PSTD** 000003479100--4 -11/28/00--01103--023 \*\*\*\*750.00 \*\*\*\*750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name -AMERILAWYER -343 ALMERIA AVENUE Suite, Apt. #, Etc. CORAL GABLES FL 33134 corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the register of agent of the at Date 30 October 2000 Signature of Registered Agent 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.