


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 AM 10:24

CORPORATION REINSTATEMENT



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

DOCUMENT # P99000023995

1. Corporation Name
ASERCA AIRLINES CARGO, INC.

2. Principal Office Address
10470 NW 26 STREET

3. Mailing Office Address
P.O. BOX 720566

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33172 USA

Zip Country
33172 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida
03/16/1999

5. FEI Number
65-0903090

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ADOLFO MORENO

Street Address (P.O. Box Number is Not Acceptable)
9874 NW 29 ST

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33172

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-06/21/01--01034--014
*****800.00 *****800.00

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
[Signature]

REGISTERED AGENT MUST SIGN

Date
06/06/01

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 |
|-------------|-----------------------------------|--|------------------------------|
| <i>PSTD</i> | <i>ADOLFO MORENO</i> | <i>9874 NW 29 ST</i> | <i>Miami, FL 33172</i> |
| | | | <i>600004434996--1</i> |
| | | | <i>-06/21/01--01034--015</i> |
| | | | <i>*****8.75 *****8.75</i> |
| | | | <i>[Signature]</i> |

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:
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
06/06/01

Daytime Phone #
305.5992299

CR20001 (8/00)