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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC -5 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02

DOCUMENT # P99000023995

1. Corporation Name
SANTA BARBARA AIRLINES CARGO, INC.

2. Principal Office Address	3. Mailing Office Address
1750 NW 66 Ave.	P.O. Box 592818
Suite, Apt. #, etc. Suite 212	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33126 County Miami-Dade	Zip 33159 County Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 03/16/99

5. FEI Number: 65-0903090 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name	Adolfo Moreno
Street Address (P.O. Box Number is Not Acceptable)	1750 NW 66 Ave.
Suite, Apt. #, etc.	Suite 212
City	Miami
State	FL
Zip Code	33126

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] Date: 12-04-2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers And/Or Directors	Street Address of Each Officer And/Or Director	City / State / Zip
PSTD	Adolfo Moreno	1750 NW 66 Ave. Suite 212	Miami, FL 33126

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 contents 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] President Adolfo Moreno — 12/04/02 — 305.871.7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SANTA BARBARA AIRLINES CARGO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00