

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JAN 16 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V71453**

Cuban Airlines, Inc.

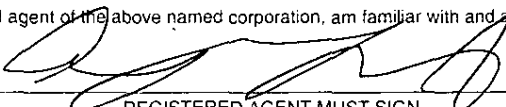
|                                                                                |                      |                                                                          |                      |
|--------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------|----------------------|
| 1. Principal Office Address<br><b>4851 NW 79 Avenue</b><br>Suite, Apt. #, etc. |                      | 3. Mailing Office Address<br><b>P.O. Box 4455</b><br>Suite, Apt. #, etc. |                      |
| City & State<br><b>Miami, Florida</b>                                          |                      | City & State<br><b>Ft. Worth, TX</b>                                     |                      |
| Zip<br><b>33166</b>                                                            | Country<br><b>US</b> | Zip<br><b>76164-0455</b>                                                 | Country<br><b>US</b> |

**REINSTATEMENT**

**2000**

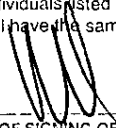
|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>10/12/1992</b>                                             |
| 5. FEI Number<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable                  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75: Additional Fee required for a Certificate of Status</b> |

|                                                                            |                             |
|----------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of Current Registered Agent                            |                             |
| Name<br><b>Aylin Fraxedas'</b>                                             | <b>000003582450--7</b>      |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1500 San Remo</b> | <b>-01/26/01-01143-008</b>  |
| Suite, Apt. #, Etc.<br><b>Suite 145'</b>                                   | <b>****750.00 ***750.00</b> |
| City<br><b>Coral Gables</b>                                                | <b>LS</b>                   |
| State<br><b>FL</b>                                                         | Zip Code<br><b>33146</b>    |

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:  Date: **1-10-01**  
REGISTERED AGENT MUST SIGN

| 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  |
| D                                                                                                                          | Kevin P. Nelms                    | 3824 Diamond Loch W                            | Ft. Worth, TX 76180 |
| D                                                                                                                          | David A. Mills                    | 32 Harbour Point                               | Ft. Worth, TX       |
|                                                                                                                            |                                   |                                                |                     |
|                                                                                                                            |                                   |                                                |                     |
|                                                                                                                            |                                   |                                                |                     |

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:  **1/9/2001** **817-625-2719**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #