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
Corporation Name

Cuban Airlines, Inc.

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

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1992

5. FEI Number: Applied For ☐ Not Applicable ☑

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

7. Name and Address of Current Registered Agent

Name: Aylin Fraxedas

000003582450--7
-01/26/01--01143--008
****750.00 ****750.00
LS

Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo

Suite, Apt. #, Etc.: Suite 145

City	State	Zip Code
Coral Gables	FL	33146

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

D. 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 817-625-2219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #