


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION 2000 UBR				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P990000017449 1. Corporation Name CARIBE JET INC.					
2. Principal Office Address 20200 W COUNTRY CLUB DR. #119 Suite, Apt. #, etc. City & State AVENTURA, FL Zip 33180 Country USA			3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		

FILED

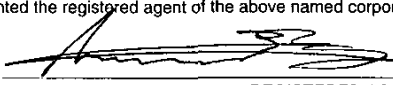
00 NOV 20 PH 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


08/28/00 90038 032 \$158.75

4. Date Incorporated or Qualified To Do Business in Florida FEB 24, 1999.	
5. FEI Number 65-0900334	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CHARLES RIBEIRAUD		
Street Address (P.O. Box Number is Not Acceptable) 20200 W COUNTRY CLUB DRIVE		
Suite, Apt. #, Etc. #119		
City AVENTURA	State FL	Zip Code 33180

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 	Date NOV 13, 2000.
REGISTERED AGENT MUST SIGN	

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
PRESIDENT	CHARLES RIBEIRAUD	20200 W COUNTRY CLUB DR. #119	AVENTURA, FL 33180

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: 	NOV 13, 2000	(305) 792-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Caribe Jet
Aviation

20200 W Country Club Drive #119
Aventura, FL 33180 - USA
Ph: (305) 792-6110
Fax: (305) 792-7951

November 10, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

ATT.: Reinstatement Section

REF.: Letter number 500A00057631

Dear Sir/Madam:

I was recently informed that my company, Caribe Jet, was dissolved, after receiving back the application for registering a Fictitious Name as a D/B/A of Caribe Jet along with a letter you may find attached.

I was very surprised with the fact, because even though I had not received the notice to submit the annual report at the beginning of the year, I had sent to the Florida Department of State a fax with my company's annual report, as my accountant advised me. (See copy of fax attached.)

I also sent a check for the filing fee on past August. (See copy of returned check attached.)

I do not understand the reason of this miscommunication, the fact is that I have not been receiving the mail for Caribe Jet.

If there were something wrong with my postal service, as somebody in your Department suggested, I would not have received my application for D/B/A back.

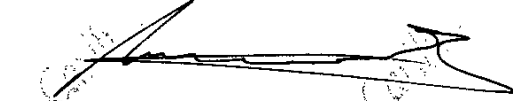
I feel I should not be penalized for an administration error.

I would like to request my company, Caribe Jet, be reinstated immediately; and any reinstating fees waived for the reasons stated above.

Should you have any questions please contact me at (305) 792-6110.

Thank you in advance for your prompt attention to this matter.

Very sincerely yours,



Charles Ribeiraud