

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817467

1. Corporation Name

Iberia Lineas Aereas De Espana, S.A. (a corporation organized under the laws of Spain)

Principal Place of Business

Mailing Address

6100 Blue Lagoon Drive
Suite 200
Miami, FL 33126

6100 Blue Lagoon Drive
Suite 200
Miami, FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 72-99^(N)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2093932

Applied For

Not Applicable

6. CERTIFIC/ E OF STATUS DESIRED

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
T/S/US	Luis Cabo	6100 Blue Lagoon Drive, Suite 200	Miami, FL 33126
VP/US	Salvador Humbert	6100 Blue Lagoon Drive, Suite 200	Miami, FL 33126

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-18724749--01075--010

***3025.00 ***3025.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Salvador Humbert
6100 Blue Lagoon Drive
Suite 200
Miami, FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/15/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 or 617.0401 F.S. All taxes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LUIS CABO

Date

Daytime Phone #

9/15/99

CFLX100 (1/88)