

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000006517 1. Entity Name SOUTH AFRICAN AIRWAYS (PTY) LTD. (INC)						FILED 04 NOV -8 PM 12: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA 30004235 FLORIDA 11/08/04--01043--017 **150.00 	
Principal Place of Business 515 E. LAS OLAS BLVD 16TH FL FT LAUDERDALE, FL 33301				Mailing Address 515 E. LAS OLAS BLVD 16TH FL FT LAUDERDALE, FL 33301			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ELLINGER, MARK D 515 E. LAS OLAS BLVD., SUITE 1600 FT LAUDERDALE, FL 33301				Name PHILLIP BEKKER Street Address (P.O. Box Number is Not Acceptable) 515 E LAS OLAS BLVD, STE 1600 City Ft. Lauderdale FL Zip Code 33301			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 11/4/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NCUBE, DMJ TRANSNET PARK, 8 HILLSIDE RD PARKTOWN,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOKGABUDI, AMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VILJOEN, ANDRE N AIRWAYS PARK JOHANNESBURG JONES, SA			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NGQULA, KHAYA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MKWANAZI, ME TRANSET PARK, 8 HILLSIDE RD PARKTOWN, SA			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOGANIS, R. PROF. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEROBE, G T TRANSNET PARK 8 HILLSIDE RD PARKTOWN, SA			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBIYA, B L TRANSET PARK, 8 HILLSIDE RD PARKTOWN, SA			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMANO, MMT <input type="checkbox"/> Change <input type="checkbox"/> Addition AIRWAYS PARK JOHANNESBURG, S.A.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLINGER, M D 515 E LAS OLAS FT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEKKER, PHILLIP <input type="checkbox"/> Change <input type="checkbox"/> Addition same same		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 11/4/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							