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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                   |                                                          |                                                                                        |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |  |                                                          | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                               |
| <b>DOCUMENT # F01000002953</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                   |                                                          |                                                                                        |                               |
| 1. Corporation Name<br><br><b>AIR JAMAICA LIMITED, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                   |                                                          |                                                                                        |                               |
| 2. Principal Office Address<br><b>72-76 Harbour Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                   | 3. Mailing Office Address<br><b>72-76 Harbour Street</b> |                                                                                        |                               |
| Subs. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                   | Subs. Apt. #, etc.                                       |                                                                                        |                               |
| City & State<br><b>Kingston</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                   | City & State<br><b>Kingston</b>                          |                                                                                        |                               |
| Zip<br><b>Jamaica, W.I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | Country<br><b>Jamaica, W.I</b>                                                    |                                                          | 4. Date Incorporated or Qualified<br>To Do Business in Florida <b>29 May 2001</b>      |                               |
| 5. FBI Number<br><b>98-0013910</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                   |                                                          | Applied For<br><b>Not Applicable</b>                                                   |                               |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                                                   |                                                          | 7. Name and Address of Current Registered Agent                                        |                               |
| Name<br><b>CORPORATION SERVICE COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                   |                                                          |                                                                                        |                               |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 HAYS STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                   |                                                          |                                                                                        |                               |
| Subs. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                   |                                                          |                                                                                        |                               |
| City<br><b>TALLAHASSEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                   |                                                          | State<br><b>FL</b>                                                                     | Zip Code<br><b>32301-2525</b> |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0005 or 617.0003, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                   |                                                          |                                                                                        |                               |
| Signature of<br>Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | <i>Cynthia L. Harris</i><br><b>Cynthia L. Harris</b><br>as its agent              |                                                          | Date <b>2/25/05</b>                                                                    |                               |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                   |                                                          |                                                                                        |                               |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director                                 |                                                          | City / State / Zip                                                                     |                               |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VINCENT LAMBECH                      | 72-76 HARBOUR STREET                                                              |                                                          | KINGSTON, JAMAICA, W.I                                                                 |                               |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STEPHEN SWORDY                       | 72-76 HARBOUR STREET                                                              |                                                          | KINGSTON, JAMAICA, W.I                                                                 |                               |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GARY OSBORNE                         | 72-76 HARBOUR STREET                                                              |                                                          | KINGSTON, JAMAICA, W.I                                                                 |                               |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MERL DUNDAS                          | 72-76 HARBOUR STREET                                                              |                                                          | KINGSTON, JAMAICA, W.I                                                                 |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                   |                                                          |                                                                                        |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                   |                                                          |                                                                                        |                               |
| 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)(b), 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: <i>Merl Dundas</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | <b>MERL DUNDAS</b>                                                                |                                                          | Date <b>Feb 23, 2005</b>                                                               |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | Date                                                                              |                                                          | Daytime Phone # <b>876 920 3440</b>                                                    |                               |

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**CORPORATION REINSTATEMENT**

**AIR JAMAICA LIMITED, INC.**

|                       |          |
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