

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000002953

1. Corporation Name

AIR JAMAICA LIMITED, INC.

2. Principal Office Address - No P.O. Box #

72-76 Harbour Street

Suite, Apt. #, etc.

City & State

Kingston

Zip

Country

Jamaica W.I.

3. Mailing Office Address

72-76 Harbour Street

Suite, Apt. #, etc.

City & State

Kingston

Zip

Country

Jamaica W.I.

REINSTATEMENT

10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

May 29, 2001

5. FEI Number
980013910

☐ 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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

000186861130
10/19/10--01006--016 **758.75

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

Carma L. Dunlap

Carma L. Dunlap

Asst. Vice President

Date

10-20-10

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
C	Dennis Lalor	72-76 Harbour Street	Kingston, Jamaica W.I.
P	Howard Hall	72-76 Harbour Street	Kingston, Jamaica W.I.
T	Jacqueline Corrington	72-76 Harbour Street	Kingston, Jamaica W.I.
S	Merl Dundas	72-76 Harbour Street	Kingston, Jamaica W.I.

10. E-mail Address: **mdundas@airjamaica.com**

(To be used for future annual report notification)

11. 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. I further certify, 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: **Merl Dundas**

Merl Dundas

September 28, 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #