· · ·		PLEASE READ				1	ING THIS FOR	 <b>VI.</b>	
ALLEICATION CANALA				OA DEPARTME Sandra B. Mo Secretary of	<b>rtham</b> State	FILED			
DIVISION OF CORPORATIONS							96 NOV -4 PH 12: 18		
DOCUMENT # F9300005609 01 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
CARIBBEAN AIR CHARTERS, INC.							TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address						1 Polot d			
9850 OVERSEAS HWY.									
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 Mallino Office Address, If Applicable									
				3. New Malling Office Address, If Applicable  57 1/2 17 18 RD  Sulle, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/10/1993			
City & State City &				& State		5. FEI Number	11-3046563	Applied For	
Zip Country			J Zin .	Zin . Countr		6.	OF STATUS DESIRED	Not Applicable 8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le						ļ <u></u>	OF STATUS DESIRED	for a Certificate of Status	
Title(s) Name of Officers and/or Directors				Str	eet Address of Each	n r	City /	State / Zip	
P				-ONE-B-105-9T	se Post Office Box I	Numbers)	* ROCKAWAY PARK N	/ <del></del>	
V O'REILLY, EUGENE F				ST W. 17 RD. BROAD CHANNEL NY 1169 ONE B. 105 ST. APT. 86 57 W. 17 ROAD BROAD CHANNEL NY			-11/08/96 ****200.00		
						00	10002090 -11/03 <b>V90</b> *****200.00	#####61.25	
							, NA	1-7-910	
8. Name and Address of Current Registered Agent Name						9. Name and A	ddress of New Registere	d Agent	
O'REILLY, JAMES						O Roy Number I	n Not Apontoble)		
215 PLANTATION BLVD. ISLAMORADA FL 33036					Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, Etc.				
				City			Ste	te Zip Code	
10. Í, being	appointed th	e registered agent of the abo	ve flamed corp	oration, am familiar w	'	bligations of Sectio	∣ <b>F</b> i		
Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN							Date 10-23	- 96	
11. Do De	es this opt. of Ro	corporation pay a evenue under S.	iny intang 199.032,	jible tax to th Florida State	e utes. Yes	☑ No □		ide for information angible tax.)	
this reins	statement apı	officer or director or the recel- plication, the reason for disso on have been pald and the r	lution has been	eliminated, the corpo	rate name satisfies:	the requirements o	of section 607 0401 or 617	0401 FS that all food	

SIGNATURE: MONOTOR MICHAEL O'REILLY 10-23-96 (718) 474-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P3 20ED

CARIBBEAN AIR CHARTERS
MICHAEL O'REILLY (PRES)
57 WEST 17TH ROAD
BROAD CHANNEL, NY 11693

FLORIDA DEPT. OF STATE SANDRA B. MORTHAM SECRETARY OF STATE

THANK YOU FOR THE OPPORTUNITY TO EXPLAIN OUR SITUATION. AS UNLIKELY AS IT SOUNDS, THE TRUTH OF THE MATTER IS THAT, DUE TO OUR RECENT ADDRESS CHANGE, WE NEVER RECEIVED NOTICE OF OUR FILING FEE. I RECOONIZE THAT THIS IS AN ANNUAL FEE AND THEREFORE PAYABLE EVERY YEAR, BUT WITHOUT THE NOTICE AS A REMINDER, WE FRANKLY DID NOT THINK TO PAY IT. WE ALWAYS PELIED ON THAT NOTICE.

THE ONLY CORRESPONDANCE THAT WE DID RECEIVE FROM
THE FLORIDA DEPT. OF STATE WAS THE NOTICE OF DISSOLUTION,
AND EVEN THAT WAS RECEIVED OVER A MONTH AFTER THE
POST MARKED DATE.

WE ARE A SMALL, FAMILY OWNED CORPERATION (CONSISTING OF THREE PEOPLE IN TOTAL), AND <u>ANYTHING</u> THAT YOU CAN DO TO WAIVE OR REDUCE THE #175.00 REINSTATEMENT FEE WOULD BE VERY GREATLY APPRECIATED. (I HAVE ENCLOSED THE #200.00 FILLING FEE).

THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION

Sincepery Yours, Mil ORaf (Michael OREILY)