

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 10:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000005749

1. Corporation Name

JOANNAIR INC.

Principal Place of Business

7001 EAST SAWGRASS ROAD
 SARASOTA FL 34240

Mailing Address

7001 EAST SAWGRASS ROAD
 SARASOTA FL 34240



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1997

5. FEI Number

59-3447554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GOLLIN, JOANNA	129 LIGHTHOUSE POINT	SANIBEL ISLAND FL

200003033222--3
 -11/02/99--01108--002
 *****150.00 *****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLLIN, JOANNA
 7001 EAST SAWGRASS RD
 SARASOTA FL 34240

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 607.0505, F.S.

Signature of Registered Agent: Joanna M. Gollin

REGISTERED AGENT MUST SIGN

Date 10-19-99

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 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: Joanna M. Gollin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99

Date

941-980-4646

Daytime Phone #

CR2E040 (8/99)

2

200 Periwinkle Way
#129 Lighthouse Point
Sanibel
Fl 33957

941- 472-8098, 941-980-4646 (cell)

10/19/99

Dear Sir

F97000005749; JOANNAIR Inc.

My accountant, David Owens of Island Financial Services, PO Box 190, 2440 Palm Ridge Road, Sanibel Island, Fl33957 has advised me to write to you.

I have received your notice of Administrative Dissolution for JOANNAIR Inc. sent in October to The Heliport, 7001 East Sawgrass Road, Sarasota, Fl 34240. Unfortunately JOANNAIR Inc. is by no means the only business working out of the heliport, which has expanded its activities in the last year, and I am very sorry but JOANNAIR Inc. did not receive either the Original or the Second Notice sent out by The Florida Department of State, Division of Corporations. Until this week I had no idea that our company mails were not being passed on at the Heliport.

I very much regret this failure to receive our mails and we have taken immediate steps to change our mailing address to the address above to avoid any repeat of this problem. I enclose the completed form and the fee of \$150 as advised and hope that this will be satisfactory.

Many apologies again and I hope that the change of mailing address will prevent any problems in future.

Yours Sincerely

Joanna M. Gollin

Joanna Gollin

President, JOANNAIR Inc.