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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

Fine Air Services Corp. of Delaware

00 JUN 23- PM 12: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

200003335532--07/25/00--01077--023 \*\*\*\*988.75 \*\*\*\*988.75

2. Principal Office Address		3. Mailing Office Address		
2261 N.W. 67	The.	7.0. Box 523726		
Suite, Apt. #, etc. BID. 700 Suite 214		Suite, Apt. #, etc.		
City & State Miani, P		Mioni, FL		
33122	Country	33152	Country	
- 1				

4. Date Incorporated or Qualified May 11, 1998 To Do Business in Florida

15.0838357

Not Applicable

CERTIFICATE OF STATUS DESIRED S3:75 Additional Fee required

	7. Name and Address of Current Registered Agent							
	Richard L. Richards							
	Street Add	ress (P.O. Box Number is No	Acceptable) Acceptable) Au	REINST	ATEMENT	99000		
1.	-Sutte, Apt.	# Elo Blds. 71	10. Suite	214	TO WESTER STATES			
٠	City	miami			State <b>FL</b>	3312A		
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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.

Registered Agent

REGISTERED AGENT MUST SIGN

39-00

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

Name of Officers and/or Directors J. Frank Fine arry H. Fine

Street Address of Each Officer and/or Director N.W. 67 Ave 2014 314 BIDG. 700 2261 N.W. LTT AM. Bldg. 700 Suite 214 2261 ONILL 67 Ave.

Bldg. 700 5.40 214

Miami, FL 33122 Mioni, PL 33122

Miomi, FL 33122

Miami, FZ 33122

Bldr. Blay 700 50.40 214

Miomi, FL 33122

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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR