

2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

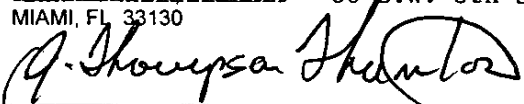
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT CR2008 (6/04) 0405

DOCUMENT # G34374			
1. Entity Name MILLON AIR, INC.			
Principal Place of Business 8545 N.W. 79 AVENUE MEDLEY, FL 33166 US		Mailing Address 8545 N.W. 79 AVENUE MEDLEY, FL 33166 US	
2. Principal Place of Business		3. Mailing Address 80 S.W. 8th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2900	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
		33130	U.S.A.

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THORNTON, J. THOMPSON Suite 2900 38 S.W. 8th Street, Suite 2900 MIAMI, FL 33130		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

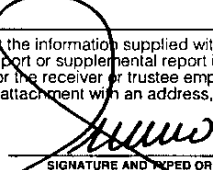
SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLON, JOHNNY 8545 NW 79TH AVENUE MEDLEY, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000049556700 03/31/05--01009--002 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800049556728 03/31/05--01009--003 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JOHNNY MILLON Resident 03-21-05 (305) 71013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #