		PLEAS	SE READ	ALL INST	rruc	TIONS BE	FORE C	OMPLET	ING THIS FORM.
COMPANY					DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS			<u> </u>	FILED SECRETARY OF STATE WISION DE CORPORATIONS OOCT, 30 PMII: 02
DOCUMENT # [97 -117]									
INTER AMERICAN AIRLINES, L.L.C.							DE	NSTATEMENT 2000	
O Principal Office Address					Yes Ad	drana			BACO S DA S CHE CASTAGE OF THE SAME
2. Principal Office Address 3. Mailing 6					ickell Avenue		e	4 State/Cour	stay of Formation
OOO-DITCKELL AVEHUE				Suite, Apt. #,				4. State/Country of Formation Florida	
				Suite	<u> </u>			5. Date Organized or Qualified	
City & State City & St				City & State	3			To Do Business in Florida 22 October 1997	
Miami, Florida				Miami, Florida				6. FEI Numbe	· — — — — — — — — — — — — — — — — — — —
Zip Country			Zip	Zip Country 7.		65-079 7 .			
33131		USA		33131		USA		CERTIFICATE	E OF STATUS DESIRED X S3(0) Additional Francequired to rocalilizate of Status
][8. 1	lame an	d Address of Curre	ent Registere	ed Agent	000034562077
	Name							-11/07/0001123-H016	
	Henry B. Howard Street Address (P.O. Box Number is Not Acceptable)							****155.00 ****155.00	
	600 Brickell Avenue								
	Suite, Apt. #, Etc.								
- ,	City							State Zip Code	
	Miami							FL 33131	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.									
Signature of								20 Combom 2000	
Registered Agent REGISTERED AG					ENT MUST SIGN				Date 29 September 2000
10. Names and Street Addresses of Managing Members/Managers									
Titles	Name of					Street Address of Each			City / State / Zip
71000	Managing Members/Managers				Managing Member/Manager			jer	Gity / State / Zip
1GRM	Henry B. Howard		600 Brickell Ave., #400			#400	Miami, FL 33131		
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11. I cerify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing M	lember/Mang	00-					Date 29 S	ept. 20	0,0ne Phone# <u>(786)</u> 777-0425
Typed or printed name of signing Managing Member/Manager Henry B. Howard									