

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 30 PM 3:56

DOCUMENT # P 0000052127

1. Corporation Name

FLIGHT SUPPORT SOLUTIONS, INC.

500007673975--9

-09/12/02--01005--004

****308.75 ****308.75

2. Principal Office Address

4051 N.W. 97th PL

3. Mailing Office Address

P.O. Box 18587

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Memphis, TN

4. Date Incorporated or Qualified
To Do Business in Florida

30 May 2000

5. FEI Number

65-1011672

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

38118-9998

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERLY ALONSO

Street Address (P.O. Box Number is Not Acceptable)

4051 N.W. 97th PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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.

Signature of
Registered Agent

Kelly Alonso

REGISTERED AGENT MUST SIGN

Date 30 Aug 02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	MARIA C. ALONSO	4051 N.W. 97th PL. MIAMI/FL	MIAMI / FL / 33178
S, T, D	ERLY ALONSO	130 S. FRONT ST. #6008	MEMPHIS / TN / 38103
V, D	R RICHARD FACHTMANN	3283 PIEDMONT COVE	MEMPHIS / TN / 38115

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 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:

Kelly Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERLY ALONSO
SECTY, TRSR, Managing Director

30 Aug 02 (901) 344 9636

Date

Daytime Phone #

CR2E081 (9/01)

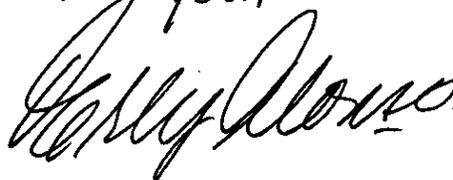
FLIGHT SUPPORT SOLUTIONS, INC.
c/o 4051 N.W. 97th PL.
MIAMI, FL 33178

REF: ANNUAL REPORT
FLIGHT SUPPORT SOLUTIONS, INC.

To Whom It May Concern:

This is to advise we have never received
the necessary paperwork for our filing of
the Annual Report for 2001. Please waive
any late fees.

Thank you,



ERLY ALONSO
Secty, Treasurer, Managing
Director