
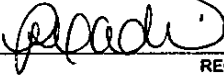
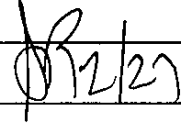



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB 27 PM 2:47 FLORIDA DEPARTMENT OF STATE ALBUQUERQUE, FLORIDA 000062515570 03/01/06--01012--017 **300.00 02-06 CR2E081 (8/05)	
DOCUMENT # P00000059875					
1. Corporation Name Jet One Express, Inc M06000000148					
2. Principal Office Address 8273 Irongate Pl Suite, Apt. #, etc.		3. Mailing Office Address 8273 Irongate Pl Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/15/00 5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33433	Country USA	Zip 33433	Country USA		
7. Name and Address of Current Registered Agent					
Name Parinaz M. Bristol					
Street Address (P.O. Box Number is Not Acceptable) 8273 Irongate Pl					
Suite, Apt. #, Etc.					
City Boca Raton				State FL	Zip Code 33433
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 				Date 12/24/05	
REGISTERED AGENT MUST SIGN					
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	Alex Bristol	8273 Irongate Pl Boca Raton, FL 33433		Boca Raton, FL 33433	
V	Parinaz Bristol	8273 Irongate Pl		Boca Raton, FL 33433	
T	Cesar Romero	11525 Crestlake Village Dr		Riverview, FL 33569	
REINSTATEMENT 02-06 					
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: 				Date 12/24/05 Daytime Phone # 561 414 6722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					