


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

STATE
ADMINISTRATIVE, 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.

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip 33433 **Country** USA

Zip 33433 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 6/15/00

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Parinaz M. Bristol

Street Address (P.O. Box Number is Not Acceptable) 8273 Irongate Pl

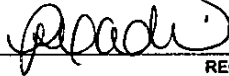
Suite, Apt. #, Etc.

City Boca Raton

State FL **Zip Code** 33433

000062515570
12/30/05--01063--016 **100.00
1,050.00

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 CrestHale Village Dr	Riverview, FL 33569

REINSTATEMENT 02-06 12/27

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