
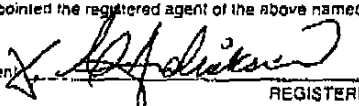
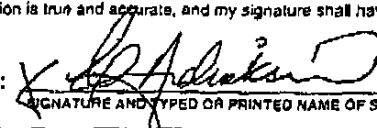


03000237169 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000066589			
1. Corporation Name AIRLINE SOLUTIONS, INC.			
2. Principal Office Address 13012 SW 88th Lane Suite, Apt. #, etc. City & State Miami, Florida Zip 33186 Country US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 7-12-03	
		5. FEI Number Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875. Additional Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CLARISSA, ANDRICKSON			
Street Address (P.O. Box Number is Not Acceptable) 13012 SW 88th Lane			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33186
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 7-12-03 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	CLARISSA, ANDRICKSON	13012 SW 88th Lane	Miami, Florida, 33186.
VP	LUI R. CORREA	13012 SW 88th Lane	Miami, Florida, 33186.
10. I certify that I am an officer or director of 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)(f), 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: 		7/18/03 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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**Florida Department of State
Division of Corporations
Public Access System**

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(((H03000237169 5)))

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

AIRLINE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00