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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07 MAR -6 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 01000026191

1. Corporate Name: JET 2000 SYSTEMS INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1655 W. 31 ST.PL.	same
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FLORIDA	City & State
Zip: 33012 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3-13-01

5. FEI Number: 65-1084256 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: ROBERTO MENDEZ

Street Address (P.O. Box Number is Not Acceptable): 1655 W. 31 ST. PL.

Suite, Apt. #, Etc.

City: HIALEAH State: FL Zip Code: 33012

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, affirm that I will comply with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Roberto Mendez Date: 3-5-07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/	Mendez, Roberto	1655 W. 31 ST.PL.	Hialeah,Fl. 33012

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 that names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: Roberto Mendez 3-5-07 305-887 4185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B. Mitchell MAR 6 2007

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

JET 2000 SYSTEMS INC.

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