

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # P02000082761

1. Corporation Name

ATLANTICJET AIRWAYS, CORP.

**REINSTATEMENT** 03  
MRS

2. Principal Office Address

20422 NE 7TH PL

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

USA

3. Mailing Office Address

P.O. BOX 693129

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33269

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida:

5. FEI Number

37-1437095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

500025732075  
12/23/03--01050--012 \*\*158.75

**7. Name and Address of Current Registered Agent**

Name

CLAUDE A. PAUL

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

20422 NE 7TH PL

Suite, Apt. #, Etc.

City

MAIMI

State

FL

Zip Code

33179

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

REGISTERED AGENT MUST SIGN

Date 12/16/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| CP     | PAUL, CLAUDE A.                      | 20422 NE 7TH PL                                   | MIAMI, FL 33179    |
| V      | LEROY, MICHEL F.                     | 6193 ROCK ISLAND RD, SUITE 415                    | TAMARAC, FL 33319  |
| D      | MARTELLY, LEANDRA                    | 149 NW 99 STREET                                  | MIAMI, FL 33150    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/03

Daytime Phone #

305-249-7705

CR2001 (10/02)