## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # P03000  1. Corporation Name	Sec	EPARTMENT OF cretary of State on of Corporations		06 MAY 31 AM 9: 47  SECRETARY OF STATE TALLAHASSEE, FEORIDA
CONVIASA AIRLINES, INC				
2. Principal Office Address  8351 NW 66 ST  8351  Suite, Apt. #, etc.  Suite, Apt. #,		NW 66 ST	4. Date Inc	CR2E081 (12/05)  corporated or Qualified
		11, FL	5. FEI Nun 26	Described of edulined 19/13/2003    Applied For   Not Applicable
33166 Country	33166		6. CERTIFIC	ATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name				
Street Address (P.O. Box Number is Not Acceptable)  8351 NW 66 ST  Suite, Apt. #, Etc.  City TIAN I				
FL 33166  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 Agent Date 05/26/06				
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 Director	S	Street Address of Each Officer and/or Director		City / State / Zip
P RODOLFO DIAZ DE TOVAR		8351 NW 66 ST		Mi Ani, FL 33166
VP JULIO GARCIA		8351 NW 66 8T		MiAMi, FL 33166
T GILBERTO ALTUVE		8351 NW 66 ST		MIAMI, FL 33166
S GABRIELLE BADUY		8351 NW 66 ST		MiAni, FL 33166
8/4/8		-	<b>4</b> 06/1	14/0601043007 **450.00
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 filling 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 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: X TULIO FACLIA DS/26/06 (305) 753-7069 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #				

May 25, 2006

Florida Department of State **Divisions of Corporations**Uniform Business Report Business Unit

Re: UBR 2004/2005/2006 CONVIASA AIRLINES, INC.

**Doc #:** P03000112635

Dear Sir or Madam:

Please be advice that we missed to file the UBR reports for 2004, 2005 & 2006. Our mailing address has changed since November 2003 even we made change of address in the post office we never got by mail the renewal forms for those years. I'm sending along with the reinstatement form the filing fees for 2004, 2005 & 2006, and also our new mailing address, please accept our apologizes for the delay in this reports, thanks in advance for your cooperation and understanding in this matter.

Sincerely,

Rodolfo Diaz de Tovar

President