PS 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		TMENT OF y of State corporations			O6 JUN	FILED 29 PM		
DOCUMENT # P03000121905 1. Corporation Name					SEGRETARY OF STATE TALLAHASSEE, FLORIDA				
CONSORCIO VENEZOLANO DE INDUSTRIAS AEREAS, INC 1006-26114					[v = 16			N Q4-06.	
	al Office Address I NW 66 ST	3. Mailing Office Address 8351 NW 66 ST			CR2E081 (12/05)				
Suite, Apt. #	#, etc.	Suite, <u>A</u> ρt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 10 29 2003				
	AMI IFL	City & State MiAMi, FL			5. FEI Number Applied For Not Applicable				
^{Zip} 331	166 USA	33166	Country	A	6. CERTIFICATE	OF STATUS DESIR		Additional Fee required a Certificate of Status	
<u> </u>	7. Name and Address of Current Registered Agent								
	Street Address (P.O. Box Number is Not Acceptable) 835 NW 66 SY Suite, Apt. #, Etc. City MiAmi State Zip Code 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 X REGISTERED AGENT MUST SIGN Date									
9. Names	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			
7	Rodol Fo DiAZ DE Tox	AR 8351)	8357 NW 6657.			MIANI	FL.	33166	
yΡ	JULIO GARCIA	351 NW 66 St.			HiAHI	FL	3316.6		
T	GILBERT ALTUVE	= 835	1 NW	66 57	4.,	MIANI	FL	33166	
5	GABRIELLE BADU	14 835	H NW	66 S		MIAMI	FL.	33166	
	A	76/30			97/97) <u>9977</u> /060105)	1554 2-006	**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 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 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: TULIO GAPCIA X 05/26/06 (305)753-7069 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NO OFFICER OR DIRECTOR Date OS/26/06 (305)753-7069 Daylime Phone #									

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May 25, 2006

Florida Department of State

Divisions of Corporations

Uniform Business Report Business Unit

Re: UBR 2004/2005/2006 Consorcio Venezolano de Industrias Aereas, Inc.

Doc #: P03000121905

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