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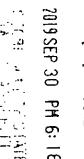


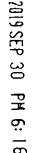
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VUELOS	CARIBE CORP
The enclosed Articles of Revocation of Di	ssolution and fee are submitted for filing.
Please return all correspondence concernin	ig this matter to the following:
RAYDEL GONZALEZ	
Na	ime of Contact Person
VUELOS CARIBE CORP	
	Firm/Company
9972 N. KENDALL DRIVE APT 1109	
	Address
MIAMI, FLORIDA 33176	
('i	ity/State and Zip Code
VUELOSCARBE19@GMAIL.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this ma	atter, please call:
RAYDEL GONZALEZ	At (786 7078012) Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
S35 Filing Fee S43.75 Filing Fe Certificate of St	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404. Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: VUELOS CARIBE CORP		
SECOND:	The document number of the corporation (if known) is		
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution		
	Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	The Revocation of Dissolution was authorized on		
FIFTH:	Adoption of Revocation of Dissolution (check one)		
	 ☐ The board of directors revoked the dissolution. ☐ The incorporators revoked the dissolution. ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. ☐ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval. ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by 		
SIXTH:	A copy of the Articles of Dissolution is attached.		
	Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the heads of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) RAYDEL GONZALEZ (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

FILED Sep 18, 2019 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607,1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

VUELOS CARIBE CORP

SECOND: The document number of the corporation: P18000101429

THIRD: The file date of the articles of incorporation: December 14, 2018

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to

the shareholders, if shares were issued.

SEVENTH: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: RAYDEL GONZALEZ PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED Sep 18, 2019 Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

VUELOS CARIBE CORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

NAME, AMOUNT AND NATURE OF CLAIM

Mailing address where claims can be sent:

9972 N KENDALL DR 1109 MIAMI, FL 33176 US

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: RAYDEL GONZALEZ

Electronic Signature of the Person Filing