PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT -9 AM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 40447

1. Corporation Name
Laker Airways (Bahamas) Limited

2. Principal Office Address	3. Mailing Office Address
1170 Lee Wagerer Blvd	1170 Lee Wagener Blvd.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33315 Country USA	Zip 33315 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/11/1992

5. FEI Number 650327182 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARY MAINO

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-10/18/01--01049--020
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 1170 Lee Wagener Blvd.

Suite, Apt. #, Etc.: Suite 200

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City: Fort Lauderdale State: FL Zip Code: 33315

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: Mary Maino
REGISTERED AGENT MUST SIGN

Date: 10/2/01

CR2E081 (9/00)

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
CD	Sir Freddie Laker	1170 Lee Wagener Blvd, Ste 200	Ft. Lauderdale, FL 33315
S	Willie Moss	P.O. Box F-2666, Freeport	Grand Bahaha Is, Bahamas
D	Oscar S Wyatt, Jr.	9 Greenway Pl., #780	Houston, TX
D	Albert J. Miller	P.O. Box F.2666 Freeport	Grand Bahama Is, Bahamas
D	Mary Maino	1170 Lee Wagener Blvd, #200	Ft Lauderdale, FL 33315

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: Mary Maino MARY MAINO 10/2/01 954-359-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #