

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027550

1. Corporation Name

B. Airways, Inc.

Principal Place of Business

Mailing Address

If above addressees are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6445 NW 25th St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 520351

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL 33122

Zip 33122

Country USA

Zip 33152

Country USA

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

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
P, VP, T. D		Scott G. Villanueva		6445 NW 25 th St.		Miami, FL 33122
S		Jose A. Balboa		6445 NW 25 th St.		Miami, FL 33122
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Law Offices of Scott Villanueva

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

7500 NW 25th St.

Suite, Apt. #, Etc.

Suite 209

City

Miami

State

FL 33122

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/11/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No

(See other side for information
on Intangible tax.)

12. 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:

Scott Villanueva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/97

305-591-1331

Date

Daytime Phone #