

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P9300004039.5
1. Corporation Name UNITED WEST Airlines, Inc.

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-01/12/01--01103--002
****900.00 ****900.00

REINSTATEMENT 00-01

2. Principal Office Address <u>P.O. Box 824870</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>South Florida, FL</u>		City & State 	
Zip <u>33082</u>	Country <u>Broward</u>	Zip 	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>1993</u>	
5. FEI Number <u>65-0416261</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>DEBRA MCGARDNER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>P.O. Box 824870 / 16658 S.W. 16th STREET</u>	
Suite, Apt. #, Etc. <u>PEM BROKE PINES, FL 33087</u>	
City <u>South Florida</u>	State <u>FL</u>
	Zip Code <u>33082</u>

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 Debra McGardner
REGISTERED AGENT MUST SIGN

Date 1/8/00

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
Pres	DEBRA MCGARDNER	P.O. Box 824870	South Florida, FL 33082
Sec	"	"	"

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: Debra McGardner, President 1/8/00 95448-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #