APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P93000081382

FILED
97 FEB 21 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-02/25/97--01083--007
***1245.00 ***1245.00

1. Corporation Name
INTERNATIONAL AIRWAYS, INC.

Principal Place of Business	Mailing Address
5601 N. Dixie Highway Suite 101 Fort Lauderdale, FL 33334	

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
20833 Pinar Trail	20833 Pinar Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33433 Country: USA	Zip: 33433 USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/1993

5. FEI Number: [ ] Applied For [X] Not Applicable

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

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
D/P	Steven M. Schrager	20833 Pinar Trail	Boca Raton, FL 33433
D/S/T	Judith Schrager	20833 Pinar Trail	Boca Raton, FL 33433

REINSTATEMENT 24.97 2/24/97

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8. Name and Address of Current Registered Agent

John G. George
315 S.W. 7th Street
Suite 200
Fort Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name: Steven M. Schrager
Street Address (P.O. Box Number is Not Acceptable): 20833 Pinar Trail
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33433

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 (X) _____ Date 1-21-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: (X) _____ Steven M. Schrager 1-21-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #