


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAY -2 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068114		
1. Entity Name ALLIJET TRAVEL, INC.		

Principal Place of Business 36 NE 1 STREET SUITE 615 MIAMI, FL 33132	Mailing Address 36 NE 1 STREET SUITE 615 MIAMI, FL 33132
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. <i>Suite 602</i>	Suite, Apt. #, etc. <i>Suite 602</i>
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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AMORIN, JUAN R 36 NE 1 STREET SUITE 615 MIAMI, FL 33132			
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7. Name and Address of New Registered Agent			
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Name <i>JR</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>Suite 602</i>			
City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
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SIGNATURE <i>Juan Raul Amorin</i>		DATE <i>4/22/05</i>	
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FILE NOW!!! FEE IS \$900.00			
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D AMORIN, JUAN R 36 NE 1 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/25/04 01077 002 \$550.00</i>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D AMORIN, MARIA A 36 NE 1 STREET MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100054214401 05/10/05--01060--003 **350.00</i>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>035/6</i>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
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SIGNATURE: <i>Juan Raul Amorin</i>		DATE: <i>4/22/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

REINSTATEMENT 04-05
04222005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0525104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <i>JR</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>Suite 602</i>	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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