PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT STATEM					DEPAR Secretai	ry of S	tate	STATE			08	FIL APR -1	PM	
DOCUMENT # P95000091863 1. Corporation Name JET AIR VENEZUELA CORPORATION									A RE) N S 7	TAL ATE	CRETARY LAHASSE	E, FL	IATE ORIDA: No-O	
2. Principal Office Address - No P.O. Box # 2.361 NW 67 AVE., BLDG 700 Suite, Apt. #, etc.					3. Mailing Office Address 2.36 / NW 67 AVE., BLDG 700 Suite, Apl. #, etc.					900121791329 04/01/0801019011 **450.00 cr2E081 (12/07)					
STE 207					STE 207					4. Date incorporated or Qualified To Do Business in Florida 12-04-95					
City & State					City & State					5. FEI Numbe				pplied Fo	x
Zlp	MIAMI ZIp Country				MIAMI Zip	Coun	try		65-0642946			District Control	lot Applic	a ditadi	
33122				33122		,		CERTIFICATE OF STATUS DESIRED			SB.75 Addition	al Fee rei ate of Sta	quired dus		
7. Name and Address of Current Registered Agent															
Name NORGUERA, JESUS									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.						
Street Address (P.O. Box Number is Not Acceptable) 236/NW 67 AVE., BLDG 700															
Sulte, Apt. #, Etc. STE 207															
City MIAMI				State Zip Code FL 33122				тее ре	waived.	<u> </u>	<u>. </u>				
Signature o	8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent PEGISTERED AGENT MUST SIGN											or 617.0503	1, F.S.	3	_
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								ess of Each for Director			Clly	/ State / Zip		
P,S,D	NORGUERA, JESUS				236/ NW 67 A			7 AVE	, BLDG	700, STE	MIAMI, FL 33122				
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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 817, F.S. I further certify that when filling 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 pames of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The Information indicated on this application is true and accusate, and my signature shall have the same legal effect as if made under eath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR! Dayline Phone #															