

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 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK O.

EXPORTS INC.



Heliftight Exports. Inc., 1007 North-Federal Hww. Suite 159, FL. 33304 Florida Department of State Division of Corporations

Tallahassee

Mailing Address: 1007 N.-Federal Hwy Suite 159 Fort Lauderdale, FL,33304

Ph: +1 (954) 564-2327 Fax: +1 (954) 943-0354

Ref: Document: P96000018632, Administrative Dissolution, for failure to File the 1998 annual report form as required by law.

To whom it may concern,

We never received the required annual report form.

After speaking with an officer by Phone, he gave instructions for including a US\$ 150,00 fee, together with the Application for Reinstatement.

Patrick O Koome

Fort Lauderdale, Nov, 20th, 1998