

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

02 JAN 29 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000086816**

1. Corporation Name

JET-TEC, INC.

Principal Place of Business

2809 BIRD AVENUE
SUITE 141
MIAMI FL 33133

Mailing Address

2809 BIRD AVENUE
SUITE 141
MIAMI FL 33133



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

2. New Principal Office Address, If Applicable

~~10886 SW 188TH ST.~~

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

U.S.A.

3. New Mailing Office Address, If Applicable

~~10886 SW 188TH ST.~~

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1996

5. FEI Number

65-0709150

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SNYDER, SALLY	2809 BIRD AVE, STE 141	MIAMI FL 33133
VD	SNYDER, DAVID	2809 BIRD AVE, STE 141	MIAMI FL 33133
			200004865632--4 -02/05/02--01016--002 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

SNYDER, SALLY
2809 BIRD AVENUE
SUITE 141
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/18/01

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/01
Date

305-255-1762
Daytime Phone #

CR2E040 (8/01)