

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

99 JAN -4 PM 5:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000083740

1. Corporation Name

FANDANGO AIR, INC.

Principal Place of Business

Mailing Address

3232 SW 2ND AVE., BAY 110  
FT. LAUDERDALE FL 33315

3232 SW 2ND AVE., BAY 110  
FT. LAUDERDALE FL 33315

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



REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/25/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0788893	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WYNKOOP, ROBERT	1509 NW 112TH TERR.	PEMBROKE PINES FL 33026
VSTD	SALSER, REGINA	1509 NW 112TH TERR.	PEMBROKE PINES FL 33026
			100002730431--9 -01/05/93--01055--006 ***750.00 ***750.00
			8/1/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WYNKOOP, ROBERT 3232 SW 2ND AVE., BAY 110 FT. LAUDERDALE FL 33315		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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] REGISTERED AGENT MUST SIGN

Date: 12/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

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 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)(l), 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: Regina Salser REGINA SALSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/20/98

Daytime Phone #: 954 462-2552

CR2E040 (9/98)