


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 00 DEC 15 PM 1:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 498000040650

1. Corporation Name

PAN AMERICAN AIRLINES, INC.

2. Principal Office Address

14 AVIATION AVENUE

Suite, Apt. #, etc.

City & State

PORTSMOUTH NH

Zip

03801

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800003509158--8  
 -12/20/00--01077--015  
 \*\*\*\*\*900.00 \*\*\*\*\*900.00

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified To Do Business in Florida

5/5/98

**SP**

5. FEI Number

65-0841054

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

CI Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

Date

12/14/00

REGISTERED AGENT MUST SIGN

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	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DAVID A. FINK	14 AVIATION AVE.	PORTSMOUTH NH 03801
D	TIMOTHY MELLON	14 AVIATION AVE.	PORTSMOUTH NH 03801
D	RICHARD S. KELSO	3611 N. ABINGDON AVE.	ALEXANDRIA, VA 22207
D	D. ARMSTRONG FINK	55 HIGH STREET	N. BILLERICA, MA 01862
T	JOSEPH L. CAREY	14 AVIATION AVE.	PORTSMOUTH NH 03801
S	JOHN R. NADOLNY	14 AVIATION AVE.	PORTSMOUTH NH 03801

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 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)(f), 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]*

JOHN R. NADOLNY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/8/00

Daytime Phone #

603-766-2002

CR2E081 (9/99)