

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 14 AM 8:00

DOCUMENT # *P98000090810*

1. Corporation Name
Turks Air, Inc.

REINSTATEMENT *01-04*

2. Principal Office Address
6111 N.W. 72 Ave

Suite, Apt. #, etc.

3. Mailing Office Address
6111 N.W. 72 Ave

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33166 U.S.A.

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Miami, Florida

Zip Country
33166 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
10/26/98

5. FEI Number
650672210

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
JUAN CARDAS GOMEZ

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

Suite, Apt. #, Etc.

City
Miami Springs

State Zip Code
FL *33166*

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 *9/7/04*

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
<i>PD</i>	<i>Clyde Hart</i>	<i>6111 N.W. 72 Ave</i>	<i>Miami, Florida 33166</i>
<i>VTDS</i>	<i>JUAN C. GOMEZ</i>	<i>229 DAURWAY</i>	<i>Miami Springs FL 33166</i>
			<i>900041055829</i>
			<i>09/14/04--01016--013 **1200.00</i>

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)(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]* Date *9/7/04* (305) 593-0017 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)