

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

01 FEB 27 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P991000005379

VIRGIN ISLANDS AIR SHUTTLE CORP.
7221 S.W. 58th Avenue
Miami, Florida 33143

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address 20381 N.E. 30th Ave. #316
City and State AVENUE FL Zip Code 33180

3. If Principle Office Address is different from mailing address, enter address below:

Address
City and State Zip Code

REINSTATEMENT 00-01-

4. Date Incorporated or Qualified To Do Business in Florida
1/19/1999

5. FEI Number
NONE

FEI Number Applied For

☒ FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
O/D	ROBERT MASSON	<u>20381 N.E. 30th Ave. #316</u> <u>P.O. Box 330421</u>	<u>AVENUE</u> <u>Miami, Florida 33180</u>

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

MASSON, ROBERT
7221 S.W. 58th Avenue
Miami, Florida 33143

9. If changed, new registered agent / office

Name NORMAN MACINSKI
Street Address (Do NOT Use P.O. Box Number) 20803 BISCAYNE BLVD. #200
Street Address (Do NOT Use P.O. Box Number)
City AVENUE State FL Zip 33180

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

Date 2/26/01

REGISTERED AGENT MUST SIGN NORMAN MACINSKI

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Date 1/26/01

Daytime Phone # 305-522-7719

Typed or printed name of signing officer or director