PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| · - | PLEASE | | | |
|-------------------------|-----------|----------|-----------|--|
| CORPO | | | | |
| DOCUN 1. Corporation | Nama | Γ# CE | P S AN | |
| 2. Principal O | ffice Add | ress | 57 | |

| THE SAN | FLORIDA DEPARTMENT OF STATE | | |
|---------|-----------------------------|--|--|
| | Jim Smith | | |
| | Secretary of State | | |
| | DIVISION OF CORPORATIONS | | |

990000 25872 FLORIDA JET INC. 02 SEP 20 AM 8: 50

SECRETALL OF STATE FALLAHASSEE, FLORIDA

700007982597--5

| | | | | | -03/24/0201042026 ****300.00 ****300.00 |
|--|----------------------------|--|---|--------------------------|---|
| 2. Principal (| Office Address SE 7 ST. | 3. Mailing Of 327 | SE 7 ST | | |
| Suite, Apt. #, | etc. | Suite, Apt. #, | etc. | 4. Date incorpor | orated or Qualified ness in Florida 03 -22-1999 |
| City & State | A BEACH | | A BEACH FL | | 904744 Not Applicable |
| 330 | Country | 3300 | 04 USA | | OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status |
| | | 7. N | Name and Address of Current Regi | stered Agent | |
| and the second seco | Name R.O. | | ALZON | | |
| , | 32 | Number is Not Acceptable) | 7 Th STRE | ET | |
| | Suite, Apt. #, Etc. | | | | To Out |
| | City DANI | A BEAC | .it | | State Zip Code FL 3300 4 |
| 8. I, being Signature of Registered | of A | | oration, am familiar with and accept to | the obligations of secti | ion 607.0505 or 617.0503, F.S. Date |
| Q Names | and Street Addresses of Ea | ch Officer and/or Director (F | lorida nonprofit corporations must list | t at least 3 directors) | |
| Titles | Name of | | Street Address of Officer and/or Di | í Each | City / State / Zip |
| P | ROBERT | ALZON | 327 SE 700 | ST. | DANIA BEACH FL |
| | | | | | 7 300/- |
| | | | | | |
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| | , a | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | _ | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/02 954-927-4136 Daylime Phone #

OCEAN FLORIDA JET INC.

327 SE 7 STREET DANIA BEACH FL.33004 TEL. 954-927-4136

September 16 2002.

Florida Department of State Tallahassee Fl

To whom it may concern:

Since 2001 I moved the head office and mailing address of the Corporation and consequently I never received the Annual Report .

Since I am still operating my business I need to keep it active.

You will find a check of \$ 300,00 for year 2001 and 2002 and a copy of reinstatement.

Thank you for your attention

Robert Alzon President

P99000025872

Ocean Florida Jet Inc.

Horida Reportment of State. 9/17/02. Livesion of lorporations. To whom il might conceru: A com the owner of Mister highers, Corp, Back in January This year & well buy house to be able to keep my liquor ! Store opened, since I lost a lot of money giver September 11th disaster in the stocks market lurince of started to live with a friend, while booking for another. blace to live which has become very difficult in Miani lately). I findly closed on a small condominion at / the end of July and renovated it. I moved into it 2 weeks ago, no from still dealing with the inconvenience of bringing the contents of a house into la one beldroom conda. To elebrate my new place, theorems of my old house come over to visit and protight some old mail, among which was the Uniform Business Report which had believery from my brind for a long time due to all the tribulations.