PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000046332**

1. Corporation Name

SHUTTLE U.S.A., INC.

Principal Place of Business	Mailing Address
23635-A S. DIXIE HWY ~~MIAMI~~ FL 33032	23635-A S. DIXIE HWY ~~MIAMI~~ FL 33032

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/21/1999

5. FEI Number: 65-0920684 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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	4 City / State / Zip
D	AZOR, JORGE	23635 S. DIXIE HWY	MIAMI FL 33032
D	FLETCHER, DIANA	23635 S. DIXIE HWY	MIAMI FL 33032

300023857113
10/16/03 01054 025 **150.00

8. Name and Address of Current Registered Agent

GRUMER, KEITH T ESQ
ONE EAST BROWARD BLVD
#1501
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

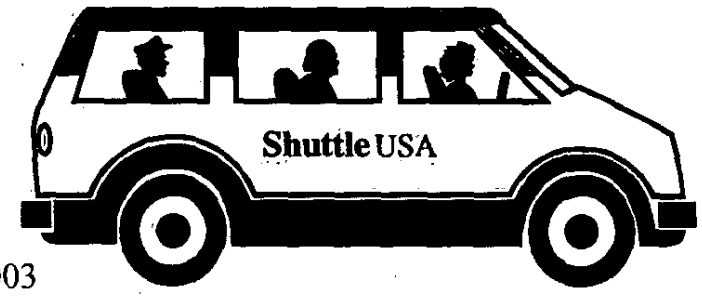
Signature of Registered Agent: KEITH SIGNATURE REQUIRED Date: 10/10/03

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 10/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #



October 13, 2003

Secretary of State
Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We were truly shocked to see that we had not renewed our Corporation for the 2003 business year. After a thorough check of our records, we have determined that we never received any notice regarding the Uniform Business Report. Please note that our street (South Dixie Highway) has been undergoing extensive construction and remodeling since the beginning of the year and we have experienced numerous mail delivery problems due to mail carriers unable to access our offices.

Enclosed please find the Application for Reinstatement and the $ 150.00 filing fee.

Sincerely,

Jorge E Azor
President

23635-A South Dixie Highway* Homestead, FL 33032
305-258-9864 * Fax: 305-258-0357