
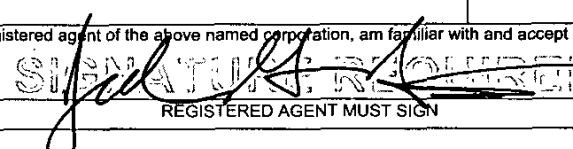


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV 30 PM 6:33	
DOCUMENT # P99000074297					
1. Corporation Name 1-800-FLY-WINGS, INC.					
Principal Place of Business 100 S ASHLEY DRIVE, SUITE 2050 TAMPA FL 33602		Mailing Address 100 S ASHLEY DRIVE, SUITE 2050 TAMPA FL 33602			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 3818 S. NINE DUNE Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/19/1999	
City & State VALRICO, FLORIDA		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33594		Country U.S.A.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PRES.	GEORGE CANAPPA	3818 S. NINE DUNE VALRICO FL 33594	VALRICO, FL 33594		
SELY	ALAN LIPSTEIN	13014 N. DALE HARRY HWY STE 237 TAMPA, FLORIDA 33618	TAMPA, FL 33618		
8. Name and Address of Current Registered Agent GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA FL 33602			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		
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 11/28/00 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:  ALAN LIPSTEIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/22/00 83-505-8333 Date Daytime Phone #					

(2)

October 27, 2000

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Annual Report Filing
For 1-800-FLY WINGS, Inc.

Gentlemen;

This letter shall serve as verification that 1-800-FLY WINGS, Inc. was late in filing its annual report to the state due to the forms being delivered to an incorrect address.

Please find attached the appropriate filings along with all appropriate filing fees. Thank you for your kind consideration in processing these forms on behalf of the Corporation.

Respectfully

1-800-Fly Wings, Inc.


George Carapella, President