

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

P99000083024

1. Corporation Name

U.S. FIVESTAR AIRLINES, INC.

100003472431--9
-11/21/00--01033--016
****758.75 ****758.75

2. Principal Office Address

1634 S.E. 47th Street

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip
33904

Country
U.S.A.

3. Mailing Office Address

1634 S.E. 47th Street

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip
33904

Country
U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/99

5. FEI Number

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

Christine F. Wright

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

1105 Cape Coral Parkway E.,

Suite, Apt. #, etc.

Suite C

City

Cape Coral

State
FL

Zip Code

33904

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

Christine F. Wright
REGISTERED AGENT MUST SIGN

Date

10/30/00

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
D	Dieter Roth	5240 S.W. 24th Place	Cape Coral, Florida 33904
D	Christine Roth	5240 S.W. 24th Place	Cape Coral, Florida 33904
D	Jose Frantzen	Neutralstr. 256	Lontzen, Belgium B-4600

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dieter Roth
ROTH, DIETER

Date

10/30/00

Daytime Phone #

941-540-7007