

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 17 PM 1:33

DOCUMENT # P99000105703

1. Corporation Name  
*Caribbean Air Service, Inc.*  
*339 N.E. 28 street*  
*Miami FL 33137*

2. Principal Office Address  
*339 N.E. 28 street*

3. Mailing Office Address  
*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Miami FL*

City & State  
*''*

Zip Country  
*33137 USA*

Zip Country  
*'' ''*

**REINSTATEMENT** *01-04 WOP*

4. Date Incorporated or Qualified To Do Business in Florida *12-7-99*

5. FEI Number *65-0857524*  
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  
*Dana Murphy*  
Street Address (P.O. Box Number is Not Acceptable)  
*339 N.E. 28 street*  
Suite, Apt. #, Etc.  
*NA*  
City  
*Miami*

State Zip Code  
**FL** *33137*

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 *Dana Murphy* REGISTERED AGENT MUST SIGN Date *March 13, 04*

**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
<i>President</i>	<i>Dana Murphy</i>	<i>339 N.E. 28 street</i>	<i>Miami FL 33137</i>
<i>Treas</i>	<i>Dana Murphy</i>	<i>''</i>	<i>''</i>

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03/23/04--01064--012 \*\*608.75

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)(b), 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: *Dana Murphy* *Dana Murphy* Date *March 13, 04* Daytime Phone # *(305) 300-1499*

CR2ED81 (9/01)

2002

March 17, 04

I Dana Murphy a President of  
Caribbean Air Sevia, Inc. request a waiver  
of any fees for reinstatement, as we never  
received any mail during years <sup>2001</sup> 2001  
~~The company closed during 2001~~

Thank you

Dana Murphy  
President