

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 MAR 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000109485

1. Corporation Name

LAN-AIR, INC.

2. Principal Office Address

3207 PIERSON DR.

3. Mailing Office Address

3207 PIERSON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

U.S.

Zip

33483

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

12/17/99

5. FEI Number

65-0968586

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

RICHARD D. TOBIN

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

200 SOUTHEAST 18th COURT

000003958860-3

-04/04/01--01061-018

Suite, Apt. #, Etc.

****900.00 ****900.00

City

FORT LAUDERDALE, FL

State

FL

Zip Code

33316

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

Date

3/22/01

REGISTERED AGENT MUST SIGN

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
P	A.W. STUECK, Sr.	3207 PIERSON DR.	DELRAY BEACH, FL 33483

REINSTATEMENT 2000-01

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

March 26 2001

Date

Daytime Phone #

CRZE081 (9/00)