

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND  
APPROVED  
FILED

03 OCT 14 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000110430

1. Corporation Name  
Jet Thrust, Inc.

*[Handwritten signature]*

2. Principal Office Address 4411 Northwest 74th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 4411 Northwest 74th Avenue Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified To Do Business in Florida	12/23/1999
5. FEI Number 65-0969817	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Raul Miro, Jr.	
Street Address (P.O. Box Number is Not Acceptable) 4411 Northwest 74th Avenue 10/15/03--01087--007 **793.75	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33166	

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 *[Handwritten signature]* Date 10/14/2003  
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/D/S/T	Raul Miro, Jr.	4411 Northwest 74th Avenue	Miami/ Florida/ 33166

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: *[Handwritten signature]* Date 10/14/2003 (305) 206-4326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #