

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000271**

1. Corporation Name

**AERO TRANSCOLOMBIANA DE CARGA, LTDA., INC.**

Principal Place of Business

2361 N.W. 67 AVE.  
BUILDING #700  
MIAMI FL 33152  
US

Mailing Address

P.O. BOX 590568  
MIAMI FL 33159-0568  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
97 DEC 15 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

01/11/1993

5. FEI Number

65-0372475

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CARLOS CHILD	2361 NW 67TH AVENUE, BLDG. 700	MIAMI FL
D	MAURICIO GLEISER	2361 NW 67TH AVENUE, BLDG. 700	MIAMI FL
D	FELIPE BARCO	2361 NW 67TH AVENUE, BLDG. 700	MIAMI FL

9000002375729--8  
-12/17/97--01108--015  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FELIPE BARCO  
2361 NW 67TH AVENUE  
BLDG. 700  
MIAMI FL 33122

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State | Zip Code  
**FL**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11-7-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax)

12. 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 STAMP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

11-7-97

Date

(305) 871-5200

Daytime Phone #

CPREC-00 (8-97)