

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002983**

1. Corporation Name

CHABEL AVIATION, INC.

Principal Place of Business

Mailing Address

**c/o 200 S.E. Biscayne Blvd
Suite 4800
Miami, FL 33131**

**200 S.E. Biscayne Blvd.
Suite 4800
Miami, FL 33131**

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

REINSTATEMENT

800

2. New Principal Office Address, If Applicable
1200 Brickell Avenue

3. New Mailing Office Address, If Applicable
1200 Brickell Avenue

4. Date Incorporated or Qualified To Do Business in Florida
06/29/1993

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Suite 900

Suite 900

65-0418618

Not Applicable

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33131

USA

33131

USA

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P,D	Manuel Trigueros	c/o 1200 Brickell Avenue Suite 900	Miami, Florida 33131
V,D,AS	Jorge Bosch	c/o 1200 Brickell Avenue Suite 900	Miami, Florida 33131
S,T,D	Carlos Sosa	c/o 1200 Brickell Avenue Suite 900	Miami, Florida 33131
			100003299341--1 -06/21/00--01082--010 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Peninsula Registered Agents, Inc.
200 S.E. Biscayne Blvd., Suite 4800
Miami, Florida 33131**

Name

AGIM Registered Agents, Inc.

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

1200 Brickell Avenue, Suite 900

Suite, Apt. #, Etc.

JMM

City

Miami

State

FL

Zip Code

33131

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

James Ly... **President**
REGISTERED AGENT MUST SIGN

Date

2/25/00

11. This corporation owes 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:

Goran B...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
Date

305 416 6800
Daytime Phone #