

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2019



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 JAN 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L13000106736

1. Corporation Name

JLM AVIATION AND CONSULTING SERVICES LLC

2. Principal Office Address - No P.O. Box #

23269 State Road 7

3. Mailing Office Address

23269 State Road 7

Suite, Apt. #, etc

119

Suite, Apt. #, etc.

119

City & State

Boca Raton

City & State

Boca Raton

Zip

33428

Country

Palm Beach

Zip

33428

Country

Palm Beach

000323978870
01/29/19--01003--001 **236.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07;29;2013

5. FEI Number

46-4091297

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
Prime Income Tax and Accounting LLC

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

23269 State Road

Suite, Apt. #, Etc.

Suite 119

City

Boca Raton

State

FL

Zip Code

33428

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

REGISTERED AGENT MUST SIGN

Date 01/15/19

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
MGM	Joao Luiz Malago	10860 Haydn Dr	Boca Raton - FL - 33498
MGM	Joao Eugenio Goncalves Jr	10860 Haydn Dr	Boca Raton - FL - 33498

10. E-mail Address: jlmaviation@outlook.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Handwritten Signature]

01/15/2019 5619619399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ASHTON