

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC -5 PM 4:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000004739890--4 -12/26/01--01098--008 ****908.75 ****908.75	
DOCUMENT # <u>95000028795</u> 1. Corporation Name <u>PRESTIGE AERO SERVICES, INC.</u>					
2. Principal Office Address <u>7307 N.W. 56 ST</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>7307 N.W. 56 ST</u> Suite, Apt. #, etc.		REINSTATEMENT 00-01 4. Date Incorporated or Qualified To Do Business in Florida <u>APRIL 7-1995</u> 5. FEI Number <u>65-0573075</u> Applied For ☐ Not Applicable ☐ 6. CERTIFICATE OF STATUS DESIRED ☒ 6875 Addendum required for a Certificate of Status	
City & State <u>MIAMI, FLORIDA</u>		City & State <u>MIAMI, FLORIDA</u>			
Zip <u>33166</u>	Country <u>U.S.A.</u>	Zip <u>33166</u>	Country <u>U.S.A.</u>		
7. Name and Address of Current Registered Agent Name <u>RAUL E. NUNEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>14850 S.W. 43 CT</u> Suite, Apt. #, Etc. City <u>MIRAMAR</u> State <u>FL</u> Zip Code <u>33027</u>					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>12-02-2001</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	RAUL E NUNEZ	14850 S.W. 43 CT	MIRAMAR FL. 33027		
V	PABLO NUNEZ	16546 N.E. 26 AVE -APT. # 6-H	NORTH MIAMI FL. 33160		
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 taxes 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: <u>RAUL E NUNEZ</u> <u>[Signature]</u> Date <u>12-02-2001</u> (305) <u>884-8889</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					