

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P98000107643**

03 OCT 17 PM 3:23

1. Corporation Name

BROWARD AVIATION SERVICES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

2001 NW 15TH AVE
POMPANO BEACH FL 33064

2001 NW 15TH AVE
POMPANO BEACH FL 33064



700023905277
10/17/03--01045--005 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0895218

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	MURRAY, JAMES	10867 NW 9TH COURT	CORAL SPRINGS FL 33071
VP	PINE, TIM	2632 NE 26TH AVE.	LIGHTHOUSE POINT FL 33064
VP	AMATY, DENNIS	558 WESTREE LANE	FORT LAUDERDALE FL 33324

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMATY, DENNIS
2001 NW 15 TH AVE
SUITE 105
POMPANO BEACH FL 33069

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date 10/10/2003

REGISTERED AGENT MUST SIGN

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., 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2003 954-979-1103
Date Daytime Phone #

CR2E040 (7/03)



Broward Aviation Services, Inc.

October 10, 2003

To Whom it May Concern,

I have just seen the letter dissolving the corporation and would like to please ask you to accept our check for \$150.00 as we never received the annual report to fill out. I do apologize but I always fill out everything in a timely manner and I never received this in the mail to fill out and I hope you will take this check and please activate Broward Aviation Services, Inc. as soon as possible.

Thankyou for your help,

A handwritten signature in cursive script, appearing to read 'Dennis Amaty'.

Dennis Amaty
Vice President