

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 28 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V69854

**1. Corporation Name**

AIR GLASS Aviation Corporation

**2. Principal Office Address**

8800 OVERSEAS Hwy

Suite, Apt. #, etc.

c/o

GRANT Air SERVICES

City & State

MARATHON FLORIDA

Zip

33050

Country

MONROE

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

97-00

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10-08-92

REINSTATING - 06-26-00

**SP**

**5. FEI Number**

65-1018667

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

CHRISTOPHER A HILL

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

7357 FAIRWAY DR

Suite, Apt. #, Etc.

Suite #138

City

MIAMI LAKES

600003329716-3

-07/20/00--01054--019

\*\*\*1200.00 \*\*\*1200.00

State  
**FL**

Zip Code

33014

**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

Christopher A. Hill

REGISTERED AGENT MUST SIGN

Date 06-26-00

**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
P	Debra Grant	159 SANTA BARBARA RD.	MARATHON FL. 33050
V	CHRISTOPHER A. HILL	7357 FAIRWAY DR. #138	MIAMI LAKES FL. 33014
T	ROBERT GRANT	159 SANTA BARBARA RD	MARATHON FL. 33050

**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 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:

Christopher A. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER A HILL

Date

6-23-00

Daytime Phone #

305-785-3308

CR2E081 (9/99)