

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 17 PM 12:53

DOCUMENT # F00000003581

1. Corporation Name

AERFI INC.

Principal Place of Business

Mailing Address

C/O AERFI GROUP PLC
 AVIATION HOUSE, SHANNON
 COUNTY CLARE, IRELAND
 OC

C/O AERFI GROUP PLC
 AVIATION HOUSE, SHANNON
 COUNTY CLARE, IRELAND
 -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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33301

4. Date Incorporated or Qualified To Do Business in Florida

06/23/2000

5. FEI Number

13-3521640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DALTON, PATRICK	SHANNON, COUNTY CLARE	IRELAND
DP	RUDOLPH, STEPHANIE JOSEPH F. DROBNICH	100 NE THIRD AVENUE, SUITE 800	FT. LAUDERDALE FL 33301
DST	MACK, CAREN LAURA B. SHOWALTER	100 NE THIRD AVENUE, SUITE 800	FT. LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARYL BEN BASAT
 100 NE THIRD AVENUE, SUITE 800
 FT. LAUDERDALE FL 33301

Name
 LAURA B. SHOWALTER
 Street Address (P.O. Box Number is Not Acceptable)
 100 NE THIRD AVE., SUITE 800
 Suite, Apt. #, Etc.
 City
 FT. LAUDERDALE
 State
 FL
 Zip Code
 33301

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

LAURA B. SHOWALTER

Date

12-14-2001

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.

JOSEPH F. DROBNICH, PRESIDENT

SIGNATURE:

JOSEPH F. DROBNICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 DEC 2001

(954)
 760-7777

CR2E040 (8/01)