

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 24 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 262874

1. Corporation Name
MIAMI AVIATION CORPORATION

2. Principal Office Address
14980 N.W. 44 Ct.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
City & State
OPA-LOCKA, FL.

Suite, Apt. #, etc.
City & State
FLORIDA SAME

Zip Country
33054 USA

Zip Country

REINSTATEMENT

09-01

4. Date Incorporated or Qualified To Do Business in Florida
9/29/62

5. FEI Number Applied For
59-0991806 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
ROBERT M. PALMER

400004526504 -- 4

Street Address (P.O. Box Number is Not Acceptable)
1200 North Federal Highway

-08/09/01--01019-008
***1050.00 ***1050.00

Suite, Apt. #, Etc.
#211

City
Boca Raton

State Zip Code
FL 33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date 7/19/01

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
PHD	CLAYTON I. GAMBER	5050 HANCOCK ROAD	FT. LAUDERDALE, FL 33330
STD	ROBIN V. GAMBER	5050 HANCOCK ROAD	FT. LAUDERDALE, FL 33330

LS

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: [Signature] CLAYTON I. GAMBER, PRES 7/17/2001 305-688-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20081 (9/02)