

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 361419

1. Corporation Name

AERODYNE INVESTMENT CASTINGS, INC.

Principal Place of Business

3977 NW 25 ST.  
MIAMI FL 33142

Mailing Address

3977 NW 25 ST.  
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1970

5. FEI Number

59-1292733

Applied For

Not Applicable

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip                                      |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| PD            | JANNEY, DAVID J.                          | 930 SAN PEDRO                                                                                  | MIAMI FL                                                     |
| S             | JANNEY, FREDA E                           | 930 SAN PEDRO                                                                                  | CORAL GABLES FL                                              |
| CD            | CRONIN, MEDARD                            | 2911 W. LOMITA BLVD.                                                                           | TORRANCE CA                                                  |
|               |                                           |                                                                                                | 000002383990-5<br>-12/29/97-01003-001<br>***165.00 ***165.00 |
|               |                                           |                                                                                                |                                                              |
|               |                                           |                                                                                                |                                                              |

8. Name and Address of Current Registered Agent

BERNSTEIN, JOEL  
2699 SOUTH BAYSHORE DRIVE  
SUITE 900C  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

David F. Janney

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

930 San Pedro

Suite, Apt. #, Etc.

City

Coral Gables

State  
FL

Zip Code  
33156

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

David F. Janney

REGISTERED AGENT MUST SIGN

Date

11/5/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

DAVID F. JANNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97

Date

305-871-5210

Daytime Phone #

FILED

97 DEC 15 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT