

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 491075

1. Corporation Name
COMMERCIAL AVIATION ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

16082 Rio Del Sol

Suite, Apt. #, etc.

City & State

DeLray Beach, Florida

Zip

33446

Country

USA

3. Mailing Office Address

16082 Rio Del Sol

Suite, Apt. #, etc.

City & State

DeLray Beach, Florida

Zip

33446

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Feb, 27, 1976

5. FEI Number

59-1655519

☐ 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

Gus Peter Maestralis

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

16082 Rio Del Sol

Suite, Apt. #, Etc.

City

DeLray Beach

State

FL

Zip Code

33446

700211065327
08/15/11--01040--005 **1200.00

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

Gus P. Maestralis

Date 8/10/2011

REGISTERED AGENT MUST SIGN

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
President	Gus Peter Maestralis	16082 Rio Del Sol	DeLray Beach, FL 33446
			B OK R
			8/16/11

10. E-mail Address: gmaestral@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Gus P. Maestralis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/10/2011

Daytime Phone #