

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 17 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000630

1. Corporation Name

R & R AVIATION MANAGEMENT, INC.

843 N W 81ST TERRACE
SAME

2. Principal Office Address

843 N W 81ST TERRACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
01-0586646

Applied For
Not Applicable

Zip
33324

Country
BROWARD

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LUIS TAPIA

Street Address (P.O. Box Number is Not Acceptable)
843 N W 81ST TERRACE

Suite, Apt. #, Etc.

City
PLANTATION, FLORIDA

State
FL

Zip Code
33324

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

REGISTERED AGENT MUST SIGN

Date 10/10/04

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
DPL	LUIS TAPIA	843 N W 81ST TERRACE	PLANTATION, FLORIDA 33324

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

Daytime Phone #

CR2E081 (01/04)

Maring BOOKKEEPING SERVICE, INC.

5795 Orange Drive, Davie, FL 33314
Dade (305) 895-3466 • Broward (954) 792-5075 • FAX (954) 792-5062

INCOME TAX • CORPORATE RETURNS • PARTNERSHIP • SMALL BUSINESS

November 15, 2004

Florida Department Of Revenue
Division Of Corporation
P.O Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE FLORIDA

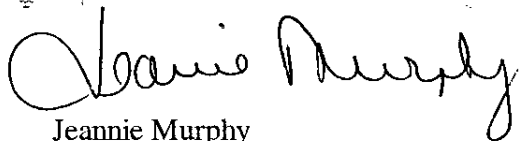
re: R & R Aviation Management, Inc.
F02000000630

Barbara,

Per our phone conversation, We Did not receive Original Uniform Business report. Please see attached 2nd re-in statement UBR and the \$300.00 you have received has payment.

Thank You in advanced for time and help in clearing up this matter.

Thank You,



Jeannie Murphy
Maring Bookkeeping Service, Inc.

ENCLOSURE