

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F17151

1. Corporation Name

AERO VANS, INC.

2. Principal Office Address

13690 SW 142 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

3. Mailing Office Address

16600 NW 57 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33014

Country

USA

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

1-16-1981

5. FEI Number

59-2055147

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

7. Name and Address of Current Registered Agent

Name

Wayne M. Pathman

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

2 South Biscayne Boulevard

Suite, Apt. #, Etc.

2400

City

Miami

200003487362-8

-12/05/00--01043--021

*****8.75 *****8.75

400003487364-2

-12/05/00--01043--022

State: 33131 00 *****750.00

FL 33131

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 11/14/00

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
✓	Alan H. Potamkin	2333 Ponce De Leon Blvd, #600	Coral Gables, FL 33134
✓	Eugene Fioravante	16600 NW 57 Avenue	Miami, FL 33014
✓	DAVID YUSKO	16600 NW 57 Avenue	Miami, FL 33014

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

Date

Daytime Phone #

11-14-2000 305 5581400