

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

DOCUMENT # F56524

1. Corporation Name

GATEWAY AIR REPAIR, INC.

**REINSTATEMENT** 02-04

100027377071  
01/22/04--01007--016 \*\*1050.00

MRS

2. Principal Office Address

10735 SW 58th Avenue

3. Mailing Office Address

10735 SW 58th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12-01-1981

5. FEI Number

592148389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Miami, FL 33156

City & State  
Miami, FL 33156

Zip

33156

Country

US

Zip

33156

Country

US

7. Name and Address of Current Registered Agent

Name

NORMAN HINTON

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

10735 SW 58th Avenue

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33156

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

NORMAN HINTON

REGISTERED AGENT MUST SIGN

Date

1-26-04

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
	Norman Hinton, Pres. & Dir.	10735 SW 58th Avenue	Miami, FL 33156

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  
NORMAN HINTON

Date

Daytime Phone #

1-26-04 345 439 3372

CR2E081 (10/02)