

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 # F93000000271

1. Corporation Name

AERO TRANSCOLOMBIANA DE CARGA, LTDA., INC.

Principal Place of Business

2361 N.W. 67 AVE.
BUILDING #700
MIAMI FL 33152
US

Mailing Address

P.O. BOX 590568
MIAMI FL 33159-0568
US

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

FILED

97 DEC 15 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1993

5. FEI Number

65-0372475

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CARLOS CHILLO	2361 NW 67TH AVENUE, BLDG. 700	MIAMI FL
D	MAURICIO GLEISER	2361 NW 67TH AVENUE, BLDG. 700	MIAMI FL
D	FELIPE BARCO	2361 NW 67TH AVENUE, BLDG. 700	MIAMI FL

9000002375729--8
-12/17/97--01108--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FELIPE BARCO
2361 NW 67TH AVENUE
BLDG. 700
MIAMI FL 33122

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

11-7-97

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:

SIGNATURE AND STAMP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-97 (305) 871-5200