

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 DEC 20 PM 2:20

DOCUMENT # **F93000002983**

1. Corporation Name
CHABEL AVIATION, INC.

Principal Place of Business
~~1200 BRICKELL AVENUE.. SUITE 900~~
~~MIAMI FL 33131~~

Mailing Address
~~1200 BRICKELL AVENUE.. SUITE 900~~
~~MIAMI FL 33131~~



REINSTATEMENT # 13 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
~~200 S. Biscayne Blvd.~~
~~Suite, Apt. #, etc.~~
~~Suite 2000~~
~~City & State~~
~~Miami, Florida~~
~~Zip~~
~~33131-2310~~ USA

3. New Mailing Office Address, If Applicable
~~200 S. Biscayne Blvd.~~
~~Suite, Apt. #, etc.~~
~~Suite 2000~~
~~City & State~~
~~Miami, Florida~~
~~Zip~~
~~33131-2310~~ USA

4. Date Incorporated or Qualified To Do Business in Florida
06/29/1993

5. FEI Number
65-0418618

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	TRIGUEROS, MANUEL	1200 BRICKELL AVENUE, SUITE 900	MIAMI FL 33131
VDAS	BOSCH, JORGE	1200 BRICKELL AVENUE, SUITE 900	MIAMI FL 33131
STD	SOSA, CARLOS	1200 BRICKELL AVENUE, SUITE 900	MIAMI FL 33131
PD	Manuel Triqueros	200 S. Biscayne Blvd. Suite 2000	Miami, FL 33131-2310
VDAS	Jorge Bosch	200 S. Biscayne Blvd. Suite 2000	Miami, FL 33131-2310
STD	Carlos Sosa	200 S. Biscayne Blvd. Suite 2000	Miami, FL 33131-2310

8. Name and Address of Current Registered Agent
AGIM REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE., SUITE 900
 MIAMI FL 33131

9. Name and Address of New Registered Agent
 Name
James M. Meyer, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
 Suite, Apt. #, Etc.
Suite 2000
 City
Miami State
FL Zip Code
33131

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 *[Signature]* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

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 Date: 12/5/01

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., 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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **12/5/01** Daytime Phone #: **(562) 904-1352**

CR6040 (8/01)