

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 Country

33131-2310 USA

3. New Mailing Office Address, If Applicable

200 S. Biscayne Blvd.
Suite, Apt. #, etc.

Suite 2000

City & State

Miami, Florida

Zip Country

33131-2310 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1993

5. FEI Number

65-0418618

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 State Zip Code
Miami FL 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 REQUIRED

REGISTERED AGENT MUST SIGN

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01/13/02--0042--222
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/5/01 (562) 904-1352

CR2040 (8/01)