

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000000839

1. Corporation Name

ROYAL AVIATION INC.

FILED

00 NOV -1 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

685 BOUL STUART GRAHAM N
DORVAL QU H4Y- 1E4
CA

685 BOUL STUART GRAHAM N
DORVAL QU H4Y- 1E4
CA

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

80

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1994

5. FEI Number

98-0129030

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
PC	LEBLANC, MICHEL	9 LAUDSDOWN RIDGE 330 CHEMIN Senneville	WESTMOUNT, QUEBEC H3Y 2B2 Senneville, QUEBEC H9X 3L2
V	SAUMIER, LOUISE	9 LAUDSDOWN RIDGE 330 CHEMIN SENNEVILLE	WESTMOUNT, QUEBEC H3Y 2B2 Senneville, QUEBEC H9X 3L2
D	POMMIER, PAUL	86, 14E RUE	ROXBORO QUEBEC H8Y 1M8
VP	TREMBLAY, JACQUES A ROLAND BLAIS	11 DE LA FLANDRE 212 LACOSTE	BLAINVILLE QU J7C58 LAVAL, QUEBEC H7X 3K3
D	WYLIE, TORRANCE PIERRE McDONALD	603 EDISON AVE 80 BERG 102 #1702	OTTAWA ON VERDUN, QUEBEC H3E 1N9
V	GRAHAM, ALLEN B CELINE CAISSIE	41 HUDSON CLUB 10400 GRANDE ALLEE	RIGAUD QUEBEC J0P MONTREAL, QUEBEC H3H 2L3

8. Name and Address of Current Registered Agent

GERVAIS, PAULINE
C/O DISTINCTIVE TOURS INC.
3530 MYSTIC POINT DRIVE #2103
MIAMI FL 33180

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable) 3530 MYSTIC POINT DRIVE

Suite, Apt. #, Etc. -11/21/00--01033--014

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

SIGNATURE REQUIRED

Date 27/10/2000

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/10/2000 (514) 828-9009
Date Daytime Phone # #2264

CR2E040 (8/00)