

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

97 OCT 30 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **F94000004016**

1. Corporation Name
SEA-AIR-LAND INTERNATIONAL SERVICES, INC.

Principal Place of Business SEA-AIR-LAND INTL 7385 NW 35TH ST MIAMI FL 33166 US	Mailing Address 3440 NW 73RD AVE MIAMI FL 33122 US
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REINSTATEMENT 97 10/30

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

4. Date Incorporated or Qualified To Do Business in Florida	08/02/1994
5. FEI Number	72-1125334
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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
PCST	VELASQUEZ, JOSE G	1710 9TH STREET	KENNER LA 70062
V	VELASQUEZ, JESUS A	1710 9TH STREET	KENNER LA 70062

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11/17/97-01157-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

**VELASQUEZ, JOSE G
6381 NW 38TH TERRACE
VIRGINIA GARDENS FL 33166**

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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]* Date: **Oct-28-97**

REGISTERED AGENT MUST SIGN

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]* Date: **Oct-28-97** Daytime Phone #: **305-591-9696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)