

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 JUN -8 PH 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94808**

1. Corporation Name

AERO CONSULTING CORPORATION

Principal Place of Business

Mailing Address

1401 BRICKELL AVE
STE 320
MIAMI FL 33131
US

1401 BRICKELL AVE
STE 320
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable
2319 S.W. 25 TER.

3. New Mailing Office Address, If Applicable
2319 S.W. 25 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33133

Country

Zip
33133

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1982

5. FEI Number

59-2245752

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	MORALES, ANNELESE	1925 BRICKELL AVE., APT. D1607 2319 S.W. 25 TER.	MIAMI FL 33129 MIAMI, FL 33133
VD	MORALES, RICARDO	1925 BRICKELL AVE., APT. D1607 2319 S.W. 25 TER.	MIAMI FL 33129 MIAMI, FL 33133
VD	BAROUH, RAQUEL	14201 SW 75 CT.	MIAMI FL 33158
S	ESGUERRA, E	5881 TOWN BAY DR, 9-16	BOCA RATON FL 33486 BOCA RATON, FL 33486
			900003328979--5 -07/20/00--01006--010 ***\$900.00 ***\$900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORALES, ANNELESE

~~1925 BRICKELL AVE., APT. D1607~~
2319 S.W. 25 TER.
~~MIAMI FL 33129~~
MIAMI, FL 33133

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **06/01/00**

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 #

06/01/00 (305) 856-8925

CR2E040 (9/99)