

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 MAR 26 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006526

1. Corporation Name

AIRSTREAM SERVICES CORPORATION

Principal Place of Business

6571 N.W. 18 STREET  
BLDG. 2143  
MIAMI, FL 33166

Mailing Address

P.O. BOX 520846  
MIAMI, FL 33152

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

6740 N.W. 22 STREET  
Suite, Apt. #, etc.  
BLDG. 707

3. New Mailing Office Address, If Applicable

P.O. BOX 520846

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1996

5. FEI Number

65-0732741

Applied For

Not Applicable

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33122

Country  
USA

Zip  
33152

Country  
USA

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)

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
P/D	MONICA OLIVARES	6740 N.W. 22 STREET BLDG. 707	MIAMI, FL 33122

3/27/98

600002478976--4  
-04/06/98--01004--012  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

CELESTINO PENA  
1441 BRICKELL AVE. STE.D  
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name

MONICA OLIVARES

Street Address (P.O. Box Number is Not Acceptable)

6740 N.W. 22 STREET

Suite, Apt. #, Etc.

BLDG. 707

City

MIAMI

State  
FL

Zip Code  
33122

10. I, being appointed the registered agent of the corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent X

REGISTERED AGENT MUST SIGN

Date 3/23/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONICA OLIVARES

3/23/98  
Date

(305) 526-5690  
Daytime Phone #