

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 AM 10:20

DOCUMENT # G34374

1. Corporation Name

MILLON AIR, INC.

2. Principal Office Address

8545 N.W. 79th Avenue

Suite, Apt. #, etc.

City & State

Medly, FL

Zip

33166

Country

U.S.

3. Mailing Office Address

8545 N.W. 79th Avenue

Suite, Apt. #, etc.

City & State

Medly, FL

Zip

33166

Country

U.S.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/83

5. FEI Number

592315542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. Thompson Thornton of THORNTON, DAVIS & FEIN, P.A.

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

Brickell Bayview Centre, Suite 2900

800003487708-6

~~12/05/00-01070-004~~

Suite, Apt. #, Etc.

80 S.W. 8th Street

~~***300.00 -***300.00~~

City

Miami

State

FL

Zip Code

33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Nov 3, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Johnny Millon	8545 N.W. 79th Avenue	Medly, FL 33166

PH 11/30

10. 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

Johnny Millon

Date

305-887-6778

Daytime Phone #

CR2E081 (9/99)