

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

634374

1. Corporation Name

Millon Air, Inc.

700021378037
07/08/03--01021--003 **900.00

700021378037
07/08/03--01021--002 **8.75

2. Principal Office Address

8545 N.W. 79 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, Florida

City & State

Zip

33166

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1983

5. FEI Number

59 2315542

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

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

80 S.W. 8th Street

Suite, Apt. #, Etc.

Suite 2900

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

J. Thompson Thornton
REGISTERED AGENT MUST SIGN

Date

6/12/03

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	Medley, Florida 33166

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:

Johnny Millon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY MILLON

Date

6/12/03

Daytime Phone #

305 595-1911

CR2E081 (10/02)