

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -6 AM 11:34

DOCUMENT # G52780

1. Corporation Name

AIRSELAND AND CHARTERS, INC.

Principal Place of Business

Mailing Address

491 HIALEAH DR.
HIALEHA, FL. 33010

SAME

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

08/04/83

5. FEI Number

59-232-5999

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)

Tittle(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PST	LUCIA E. RABANAL	6801 S.W. 75th TER.	MIAMI, FL 33143

400002344734--1
-11/12/97--01079--009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MANUEL RABANAL
10613 S.W.128 pl.
MIAMI, FL. 33186

9. Name and Address of New Registered Agent

Name

LUCIA E. RABANAL
491 Hialeah Dr.
Suite, Apt. #, Etc.

City

Hialeah

State Zip Code

FL 33010

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

THE REGISTERED AGENT MUST SIGN

Date OCT 22/97

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

10/22/97
Date

305-884-0515
Daytime Phone #

CP25042 (7-2-96)