

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC 15 AM 5:27

DOCUMENT # G 90279

1. Corporation Name

AERO-SOUTHEAST, INC

DEC 15 2016

L BERGER

2. Principal Office Address - No P.O. Box #

2000 SOUTH OCEAN BLVD

3. Mailing Office Address

310 ALLWOOD ROAD

Suite, Apt. #, etc.

509 S

Suite, Apt. #, etc.

City & State

PALM BEACH, FLA

City & State

CLIFTON, NJ

Zip

33480

Country

USA

Zip

07012

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/1984

5. FEI Number

59-2346860

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

ROBERT BERTHA G/O Richard Brudny CPA

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

35 OLD SOUTH AVE 96655 South Dixie Hwy

Suite, Apt. #, Etc.

105

City

MIAMI

State

FL

Zip Code

33156

400293333214

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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

Bob Brudny

Date

12/10/16

REGISTERED AGENT MUST SIGN

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
CEO	WAYNE PHILLIPS	310 ALLWOOD ROAD	CLIFTON, NJ 07012
REINSTATEMENT			
1985-2016			

10. E-mail Address:

wphillips@aeromfg.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/16

Daytime Phone #