

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45590

1. Corporation Name

BRIKO AIR SERVICES, INC.

2. Principal Office Address

7021 SW 46th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

Miami-Dade

3. Mailing Office Address

9124 SW 163rd Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33157

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/16/88

5. FEI Number

76-0754014

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

Hanslata Dass

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

9124 SW 163rd Terrace

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33157

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

Hanslata Dass

REGISTERED AGENT MUST SIGN

Date 3/24/04

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	Harripersad Dass	9124 SW 163rd Terrace	Miami, Fl. 33157
VP/D	Rooplal K. Dass	9124 SW 163rd Terrace	Miami, FL 33157
T/D	Kishore Dass	9124 SW 163rd Terrace	Miami, Fl. 33157
M/D	Sunildath Dass	9124 SW 163rd Terrace	Miami, FL. 33157
S/D	Hanslata Dass	9124 SW 163rd Terrace	Miami, FL. 33157

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

Date

Daytime Phone #

3/24/04 305 661-5468

CR2E081 (10/02)