

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K46089**

1. Corporation Name

**AEROPLAN, INC.**

Principal Place of Business

Mailing Address

10060 SW 143RD STREET  
MIAMI FL 33176  
US

10060 SW 143RD STREET  
MIAMI FL 33176  
US

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

11/17/1988

5. FEI Number

65-0089299

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	CESPEDES, OSCAR M	10060 SW 143RD STREET	MIAMI FL

500024057155  
10/23/03--01086--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CESPEDES, OSCAR M  
10060 SW 143RD STREET  
MIAMI FL 33176

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

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., 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:

OSCAR M. CESPEDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

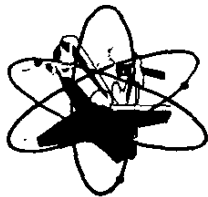
Date

10/14/03

Daytime Phone #

305/233-5452

CR2E040 (7/03)



**AEROPLAN, INC.**  
Aviation Planning & Management Services

Miami, Florida  
October 14, 2003

FLORIDA DEPARTMENT OF STATE

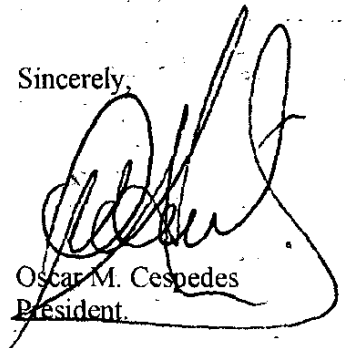
Gentlemen:

The purpose of this letter is to inform you that AEROPLAN, Inc., did not receive the prior Uniform Business Report (UBR) notices, and therefore we respectfully request your waiving the reinstatement fee.

Enclosed is a completed application for reinstatement and the \$150.00 fee, corresponding to a for-profit corporation.

Please notice that the address shown in the application for reinstatement is the correct one, while the notice document was addressed and mailed to: 17200 SW 84<sup>th</sup> Ave., Palmetto Bay, FL 33157-4610.

Sincerely,

  
Oscar M. Cespedes  
President

STATE OF FLORIDA )

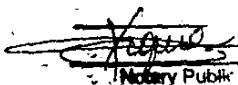
COUNTY OF MIAMI-DADE )

Sworn to and Subscribed before me this

15 day of Oct. 2003 by OSCAR CESPEDES who is

personally known to me and produced

as identification.

  
Notary Public

My Commission expires:



Anita A. Xiques

My Commission DD200111

Expires May 30 2007

10060 S.W. 143 Street, Miami, Florida 33176