

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 DEC -2 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61178**

1. Corporation Name

AERO BROKERS, INC.

Principal Place of Business

**2015 OAK ST.
MELBOURNE BEACH FL 32951**

Mailing Address

**2015 OAK ST.
MELBOURNE BEACH FL 32951**

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2940271

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WALES, WILLIAM K.	2015 OAK ST	MELBOURNE BEACH FL
D	WALES, CHRISTY L	2015 OAK ST	MELBOURNE BEACH FL

700002019127--9

12/04/96 01040-013

***375.00 ***375.00

REINSTATEMENT

1996

G. Wales

8. Name and Address of Current Registered Agent

**WALES, CHRISTY L
2015 OAK ST
MELBOURNE BEACH FL 32951**

9. Name and Address of New Registered Agent **12-2-96**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Christy L. Wales
REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/29/96**

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 118.07(3)(D), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christy L. Wales

11/29/96

6764325

Daytime Phone #