

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -9 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90593

1. Corporation Name

SOUTHERN AIR SUPPORT, INC.

2. Principal Office Address

4104 Hayes Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

4104 Hayes Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 24th 1989

5. FEI Number

65-032-8611

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

000003136730-3

Name

FRIEDAG BALAVAGE

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

4104 HAYES STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

Frieda C. Balavage

REGISTERED AGENT MUST SIGN

Date 2/8/00

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
D/N/S	FRIEDA C. BALAVAGE	4104 HAYES STREET	HOLLYWOOD, FL 33021
D/P/T	WILLIAM J. BALAVAGE	4104 HAYES STREET	HOLLYWOOD, FL 33021

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:

Frieda C. Balavage FRIEDA C. BALAVAGE

2/8/00

Date

951-963-0356

Daytime Phone #