PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 AUG 20 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # L19952

1. Corporation Name
G+B Aviation, Inc

Principal Place of Business
8200 N.W 56th St.
Miami, Fl. 33166

Mailing Address
8000 N.W 56th St.
Miami, Fl. 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
7001 N.W 25th St.
Suite, Apt. #, etc.
Suite 600
City & State
Miami, Fl.
Zip 33122 Country USA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/29/1989

5. FEI Number 65-0143164 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	D. Gutierrez, Harard	7001 N.W 25th St. Suite 600	Miami, Fl. 33122

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****900.00 ****900.00

REINSTATEMENT 99

8. Name and Address of Current Registered Agent
DePosgay, George
2950 SW 27 Ave Suite 210
Miami, Fl. 33133

9. Name and Address of New Registered Agent
Name Ana Gutierrez
Street Address (P.O. Box Number is Not Acceptable) 7001 N.W 25th St.
Suite, Apt. #, Etc. Suite 600
City Miami State FL Zip Code 33122

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 Anita Gutierrez
REGISTERED AGENT MUST SIGN
Date 08/16/99

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. 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: AG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
08/16/99 (305) 477-1799
Date Daytime Phone #

CR2E080 (1/95)